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DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Environmental Cleanup & Brownfields

# Aboveground Storage Tanks

2015 Technical Training Seminar

Administrative Training

IAM/IAF Certification Renewal

# RECEIVING CREDIT FOR TRAINING

- ✓ **Sign in upon arrival in the classroom**
- ✓ **If asked please present credentials**
  - **Certification Card**
  - **Photo ID**
- ✓ **Remain for the entire training session**
- ✓ **Obtain your training certificate**

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# 2007 REGULATION CHANGES

## § 245.1 – Definitions

- **Re-regulates large aboveground heating oil tanks greater than 30,000 gallons capacity where the product is consumed on the premises where stored**
- **Registration of existing tanks was to have been accomplished by January 9, 2008**
- **Requires most combination of tanks (manifold systems) to be registered separately**

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# 2007 REGULATION CHANGES

## § 245.1 – Definitions

**Regulated substances now include:**

- **Biodiesel**
- **Synthetic fuels and fluids (motor oil)**
- **Ethanol intended for blending with motor fuel**
- **Several non-petroleum oils**

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# Why are we here?

- **§ 245.114(c) An applicant shall meet the following minimum training requirements…for renewal of *tank handling* certification.**

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# Why are we here?

**For tank handlers:**

**One (1) of the training requirements is attendance at any DEP-provided administrative training session. You must attend within the 24 month period preceding your submission of an application requesting renewal of tank handling certification.**

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# Subchapter A – General Provisions

**§ 245.21 – Tank Handling Activities**

- **Tank handling activities shall be conducted by a certified installer**

**§ 245.31 – Tightness Testing**

- **Shall be conducted by a Department-certified UTT**
- **As of November 10, 2008 line testing requires UTT certification**
- **Testing method must be a current DEP-approved training course**

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# Subchapter B – Certification Program

## § 245.102 – Requirement for Certification

- **(a) A person may not conduct tank handling or tightness testing activities unless that person holds a current installer certification issued by the Department for the applicable certification category as indicated in sub-section 245.110 (relating to certification of installers)**

- **An inspector is not classified as a tank handler**

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# Subchapter B – Certification Program

## § 245.104 – Application for *Initial* Installer or Inspector Certification

- ✓ **Use current forms as provided by the Department**
- ✓ **Evidence that the applicant has met the prerequisites for certification – Experience, Training, Activities**
- ✓ **Initial training requirement met through the vendor list, out-of-state certification, industry certification/training**
- ✓ **A complete application shall be submitted no later than 60 days prior to the announced date of the certification examination**

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# Technical Training Courses

## § 245.142 – Training Courses (tank handlers)

**(a) Technical training for initial category-specific certification must be based on Nationally-recognized codes and standards in conjunction with manufacturers specifications**

**(b) Technical training for renewal of category-specific certification must at a minimum review the technical and regulatory material appropriate for the certification category**

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# Subchapter B – Certification Program

**STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION APPLICATION**

***(Read the instructions before completing this application)***

| OFFICIAL USE ONLY | |
|---|---|
| **DATE** | |
| Appl. Appr. _____ Appl. Denied _____ | **Application #** _____ |
| | **Client ID #** _____ |
| | **Employer ID #** _____ |
| | **Master Auth. #** _____ |
| | **Auth. ID#** _____ |
| | **Date Rec'd** _____ |

**SECTION I – APPLICANT INFORMATION**

Name _____ SSN _____
Last First MI

Home Address _____

City _____ State _____ Zip +4 _____

Municipality _____ County _____
(City, Boro, Twp)

Home Telephone (_____) _____ Cell Phone (_____) _____

Email Address _____

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# Subchapter B – Certification Program

2630-PM-BECB0506 4/2012

**SECTION III – CURRENT EMPLOYER INFORMATION (If more than one, attach additional pages)**

Hire Date _____ Employer's Federal Tax ID # (EIN) _____

Employer's DEP Client ID # _____ Employer's Certification # _____

Name _____ Company Type Code _____

Street Address _____

City _____ State _____ Zip +4 _____

Municipality _____ County _____
(City, Boro, Twp)

Telephone (_____) _____- _____ Fax (_____) _____- _____

Company Contact Person _____

Email Address _____

**SECTION IV – MAIL CORRESPONDENCE TO ADDRESS**

☐ Applicant Address ☐ Employer's Address

If the applicant has more than one employer and chooses to have correspondence delivered to the employer's address, provide the name of that employer. _____

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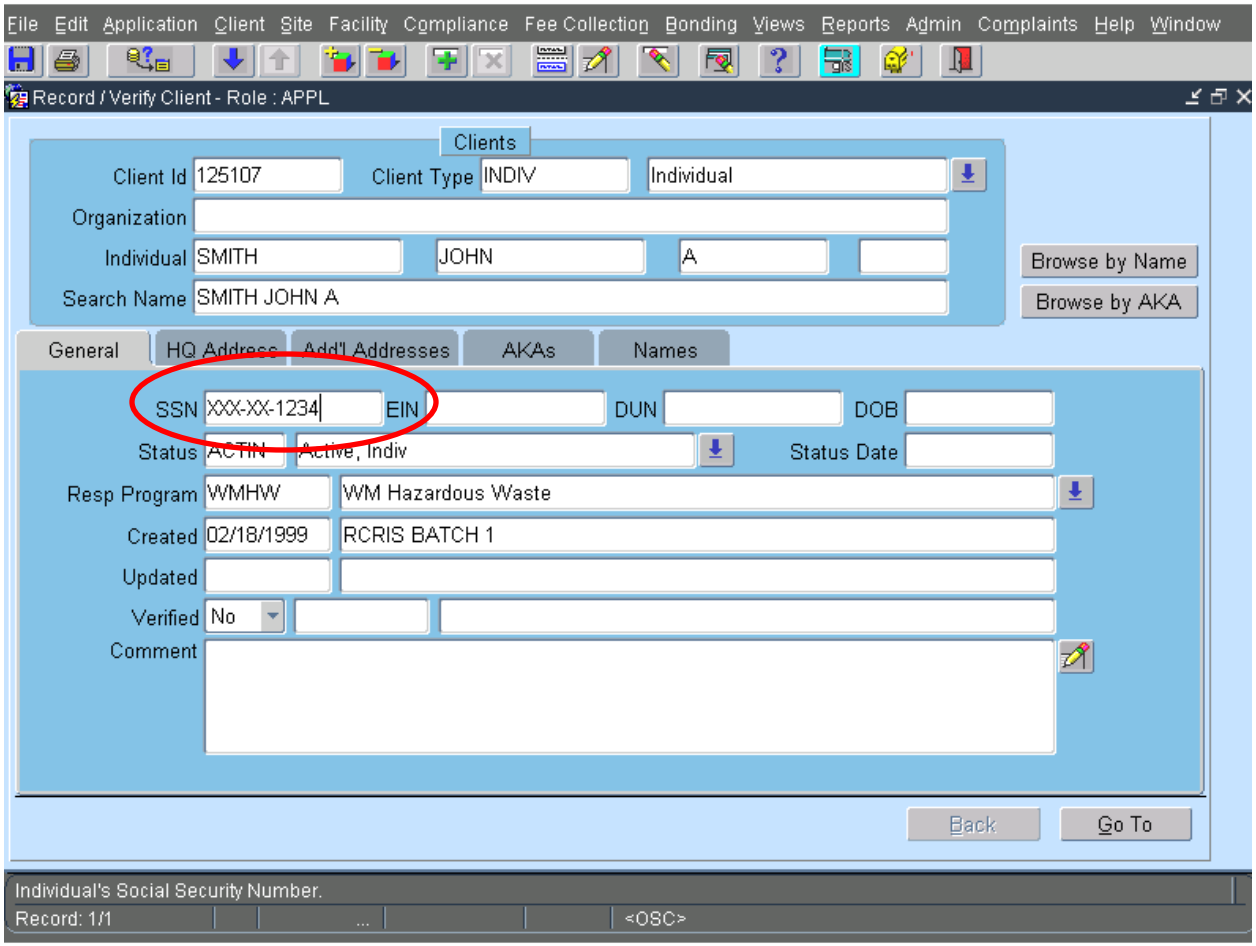
# Subchapter B – Certification Program

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# Subchapter B – Certification Program

| | Initial | Renewal | | Delete |
|---|---|---|---|---|
| | | Retest | Training | |
| **INSTALLER CATEGORIES** | | | | |
| **Underground** | | | | |
| UMX | ☐ | ☐ | ☐ | ☐ |
| UMR | ☐ | ☐ | ☐ | ☐ |
| UTT | ☐ | | ☐ | ☐ |
| **Aboveground** | | | | |
| AMMX | ☐ | ☐ | ☐ | ☐ |
| AMNX | ☐ | ☐ | ☐ | ☐ |
| AMR | ☐ | ☐ | ☐ | ☐ |
| AFMX | ☐ | ☐ | ☐ | ☐ |
| AFR | ☐ | ☐ | ☐ | ☐ |
| AMEX | ☐ | ☐ | ☐ | ☐ |
| ACVL | ☐ | ☐ | ☐ | ☐ |
| **Underground/Aboveground** | | | | |
| TL | ☐ | | ☐ | ☐ |
| **INSPECTOR CATEGORIES** | | | | |
| **Underground** | | | | |
| IUM | ☐ | | ☐ | ☐ |
| **Aboveground** | | | | |
| IAM | ☐ | | ☐ | ☐ |
| IAF | ☐ | | ☐ | ☐ |

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# Subchapter B – Certification Program

| | | | |
|---|---|---|---|
| **Aboveground** | | | |
| IAM_____ | ___☐___ | _____ ___☐___ | ___☐___ |
| IAF_____ | ___☐___ | _____ ___☐___ | ___☐___ |

**SECTION VI – APPLICANT'S CERTIFYING STATEMENT**

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities), that I am the applicant herein named, that I have received the safety training as provided for under §245.111(h) of the regulations, and that the information I have provided on this Application for Certification is true, accurate, and complete to the best of my knowledge and belief.

_____ _____/_____/_____

Signature of the Applicant (In Ink) Date

**SECTION VII – EMPLOYER'S CERTIFYING STATEMENT**

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities), that I am an officer of the applicant's employer. The applicant herein named has been provided with adequate safety training as provided for under §245.111(h) of the regulations. I further certify that the information provided on this Application for Certification is true, accurate, and complete to the best of my knowledge and belief.

_____ _____/_____/_____

Signature & Title of Company Officer (In Ink) Date

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# Certification Examinations

## § 245.105 – Certification Examinations

- **Separate administrative and technical content for examinations**
- **Passing score 80 for administrative and each technical section**
- **Applicants have up to 1 year from the date of authorization to take the examination**
- **An applicant failing an examination is eligible to retake the examination for up to 1 year from the failed examination test date, but no later than 18 months from date of authorization.**

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# Certification Examinations

## The Certification Exam Process

- **Application reviewed (Experience, Education, Training, Attachments)**
- **Authorization letter and study materials sent to applicant at address designated on application (Home or Employer)**
- **DEP provides Plut Examination Service (PES) with names, addresses, list of authorized categories, & eligibility dates.**
- **PES notifies applicant of test dates and locations; provides registration forms & instructions. Exam fee $75 per module.**

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# Certification Examinations

## The Certification Exam Process, continued…

- **Two weeks before the exam, PES provides DEP with a list of individuals who registered for the exam.**
- **The Certification Unit cross references the list with applicant names & authorizations; verifies accuracy; notifies PES it is ok to proceed.**
- **Plut Examination Service prints the examination forms.**
  - **At this point it is too late to schedule this examination.**
  - **PES refund and credit policy is in effect, and is clearly defined in the registration materials mailed by PES to all individuals authorized by DEP to sit for the exams.**

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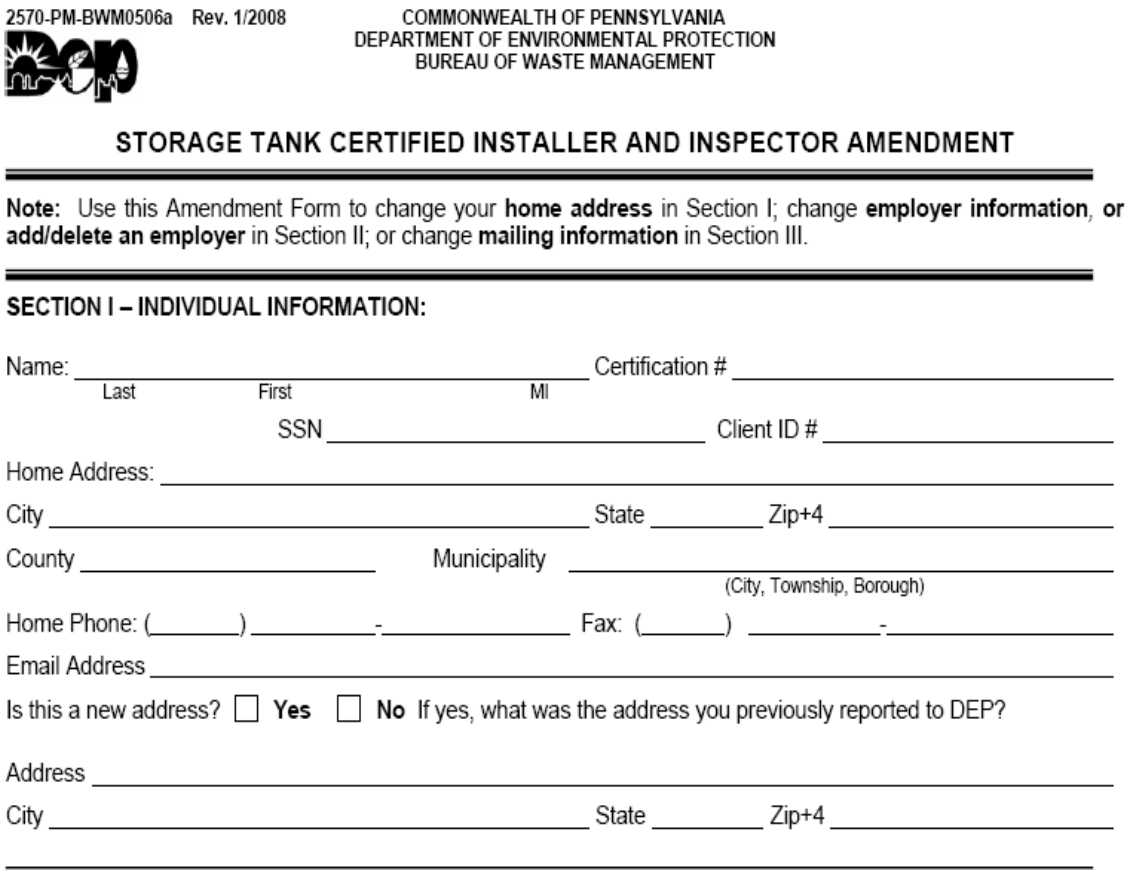
# Subchapter B – Certification Program

Certification Amendment Form

Very Important!



2570-PM-BWM0506a Rev. 1/2008

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**STORAGE TANK CERTIFIED INSTALLER AND INSPECTOR AMENDMENT**

**Note:** Use this Amendment Form to change your **home address** in Section I; change **employer information**, **or add/delete an employer** in Section II; or change **mailing information** in Section III.

**SECTION I – INDIVIDUAL INFORMATION:**

Name: _____ Certification # _____
Last First MI

SSN _____ Client ID # _____

Home Address: _____

City _____ State _____ Zip+4 _____

County _____ Municipality _____
(City, Township, Borough)

Home Phone: (_____) _____-_____ Fax: (_____) _____-_____

Email Address _____

Is this a new address? ☐ **Yes** ☐ **No** If yes, what was the address you previously reported to DEP?

Address _____

City _____ State _____ Zip+4 _____

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# Subchapter B – Certification Program

Certification Amendment Form

Change or add employer?

**SECTION II – CURRENT EMPLOYER INFORMATION:**

Federal Employer Tax Number (EIN)_____

Employment Start Date _____ Company Certification Number: _____

Employer Client ID _____ Company Type Code _____

Employer Name _____

Address _____

City _____ State _____ Zip+4 _____

County _____ Municipality _____
(City, Township, Borough)

Company Contact _____

Phone: (_____) _____-_____ Ext _____ Fax: (_____) _____-_____

Email

Are you ☐ Adding an Employer? ☐ Changing Employers? ☐ Deleting an Employer?

Previous Employer's Name _____ Date of change _____

**SECTION III – MAILING INFORMATION:**

Send correspondence to (Choose One) ☐ **Applicant's Home Address** ☐ **Employer's Address**

If more than one employer, specify employer _____

Signature _____ Date _____

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# Notable Changes to Certifications

- ***AFMX*** **– Now permits the *modification of tank components* of an aboveground manufactured storage tank system. (ex: shell, bottom, roof, etc.)**

- ***AMR*** **– Individuals holding UMR certification may apply for AMR certification, and will have the choice of taking the AR or UR module.**
    - **If the individual holding UMR certification has passed the UMR exam within most recent 2 years, AMR will be granted upon application.**

- ***TL*** **- For purposes of corrosion protection, installation or repair of internal UST lining no longer permitted. A certified TL may evaluate the integrity of an internal UST lining or supervise the evaluation of the lining.**

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# AST Inspectors

- Conflict of interest (§ 245.106)…A certified inspector may not be:
  - An employee of the tank owner
  - A certified installer on the same tank handling activity that they are the inspector
  - An employee of the company performing the certified tank handling activity they are inspecting on a field constructed tank.

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# Inspector Qualifications

**§ 245.113 – Certified Inspector Experience & Qualifications**

- **IAM - API 653 Certification or STI inspector certification**
- **IAF - API 653 Certification**
- **IUM – UMX Certification, UTT familiarization, Corrosion Protection Training**

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# Certification Renewal

## § 245.114 – Renewal and Amendment of Certification

- **Certification categories renewed since January 9, 2008 have a uniform expiration date of 3 years from the issuance date of the first category renewed or added.**

- **(b) Upon conversion to the uniform expiration date…the issued certification will be valid for 3 years…**

- **(d) An applicant shall meet the following requirements in the appropriate category for renewal of inspector certification**
  - **The Department has reestablished a training program for those inspectors renewing IUM, IAM, and IAF certification.**
  - **The inspector training required under this subsection is provided free of charge by the technical staff of the UST and AST storage tank sections.**

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# Renewal Notification Letters

- **Individuals and companies are notified by mail 4-5 months prior to expiration of each certification.**
  - ✓ **This is a courtesy only**
  - ✓ **Requires the department to maintain accurate certification records**
  - ✓ **DEP notification of changes to Addresses, phone numbers, employer/employee relationships are extremely important**
  - **Failure to notify the Department of changes in certification information is a violation of the regulations.**

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# Certification Renewal

## § 245.114 – Renewal and Amendment of Certification

- **As of November 10, 2009, *tank handlers*:**
  - **Attend category-specific training,**
    - **The training course must be a Department-approved training course. The list of approved training courses is available on the Storage Tanks web page. The list is updated as additional training courses are approved.**
  - **or Retest,**
  - **and attend Administrative Training**

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# Expired over 60 days!

**An individual's failure to renew certification within the *60 day period immediately following* an expiration date requires applicant to meet the *initial certification requirements* for that category. §245.114 (g)(1)**

**Renewal requests submitted more than 60 days beyond the expiration date require:**

- **Application**
- **Attachment A – listing verifiable activities**
- **Pass Category-specific Examination Module**
- **Note – Technical Training requirement specified at §245.111(a) is met by individuals who previously held certification in the category**

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# Company Certification

## § 245.121 – Certification of Companies

- **Primary consideration: the company applying for certification must employ at least one (1) DEP certified tank handler or inspector.**
  - **Note: An employee is an individual who has completed a IRS Form W-4 and to whom a company issues a IRS Form W-2 (Wage and Earnings Statement) at the end of the year.**
    - **A company may contract with a certified individual to whom the company will issue an IRS Form 1099.**
    - **The non-certified company may contract with a certified company for the performance of tank handling, tightness testing or inspection activities.**
    - **The certified individual and certified company is responsible for submitting all forms or reports, and provides DEP with all applicable certification ID numbers.**

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# Company Certification

2570-PM-BWM0510 Rev. 12/2009

Federal Employer Tax ID # (EIN) _____

**SECTION VII – CERTIFIED EMPLOYEES**

Please list all certified installers and/or inspectors employed by this company. Also, if applicable list the names and termination dates of any previously employed and certified individuals who have terminated. If you have no PA Certified Installers or Inspectors write "None". If you have an employee who has applied for their first certification write "Pending". Note that an "employee" has a IRS Form W-4 (Tax withholding) on file and receives a Form W-2 (Wage and Earnings Statement) from the company. At least one certified individual must be employed in order for the company to receive DEP certification.

**If more space is needed copy this page before listing the certified individuals.*

| | | A=Active | P=Pending | T=Terminated |
|---|---|---|---|---|
| Installer/Inspector Name | Certification Number | Status (A, P, T) | Hire Date | Termination Date |
| Brown, John L. | 0101 | A | 07/22/05 | |
| Smith, Edward P. | 0202 | T | | 03/21/09 |
| Jones, Roger B. | NA | P | 02/19/08 | |
| | | | | |

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# Standards of Performance

- **§ 245.132 – Standards of Performance**

  **(a) Certified companies, certified installers and certified inspectors shall…**

  **(1) Maintain current technical and administrative specifications and manuals…**

  **(2) Submit, within 60 days of the inspection activity or 30 days of the tank handling activity, a Department-approved form certifying that the activity… meets the requirements of the act and this chapter…**

  **… (for projects requiring multiple certification activities and individuals the tank handling and inspection reports may be submitted within 30 days of the conclusion of all activities).**

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# Standards of Performance

**(3) Maintain complete records of tank handling and inspection activities for a minimum of 10 years.**

**(4) Report a release…or suspected contamination…observed while performing certified activities. Submit a written report within 48 hours. If notification is being submitted as a result of a failed tightness test, a copy of the test should accompany the written notification to the Region.**

**(6) Installers or inspectors should not sign documentation unless personally performed or supervised.**

**(7) Not certify… that the storage tank system project or component thereof is complete unless it complies with the act or this chapter. Project certification applies to both certified activities and non-tank handling activities performed as part of the project.**

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# Standards of Performance

**(b) Certified installer or certified inspector shall display a certification identification card or certificate upon request.**

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# Standards of Performance

## Release Reporting Requirements for Department Certified Individuals

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# Standards of Performance

**Release** – “Spilling, leaking, emitting, discharging, escaping, leaching or disposing from a storage tank into surface waters and groundwaters of this Commonwealth or soils or subsurface soils in an amount equal to or greater than the reportable released quantity determined under section 102 of CERCLA, and regulations promulgated thereunder, or an amount equal to or greater than a discharge as defined in section 311 of the Federal Water Pollution Control Act and regulations promulgated thereunder.

The term also includes spilling, leaking, emitting, discharging, escaping, leaching or disposing from a storage tank into a containment structure or facility that poses an immediate threat of contamination of the soils, subsurface soils, surface water or groundwater.”

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# Standards of Performance

An **indication of a release** includes one or more of the following conditions:

(1) The presence of a regulated substance or an unusual level of vapors from a regulated substance of unknown origin at a storage tank facility.

(2) Evidence of a regulated substance or vapors in soils, basements, sewer lines, utility lines, surface water or groundwater in the surrounding area.

(3) Unusual operating conditions, indicative of a release, such as the erratic behavior of product dispensing equipment.

(4) The sudden or unexpected loss of a regulated substance from a storage tank or the unexplained presence of water in a storage tank.

# Standards of Performance

(5) Test, sampling, or monitoring results from a release detection method which indicate a release.

(6) The discovery of holes in a storage tank during activities such as inspection, repair or removal from service.

(7) Other events, conditions or results which may indicate a release.

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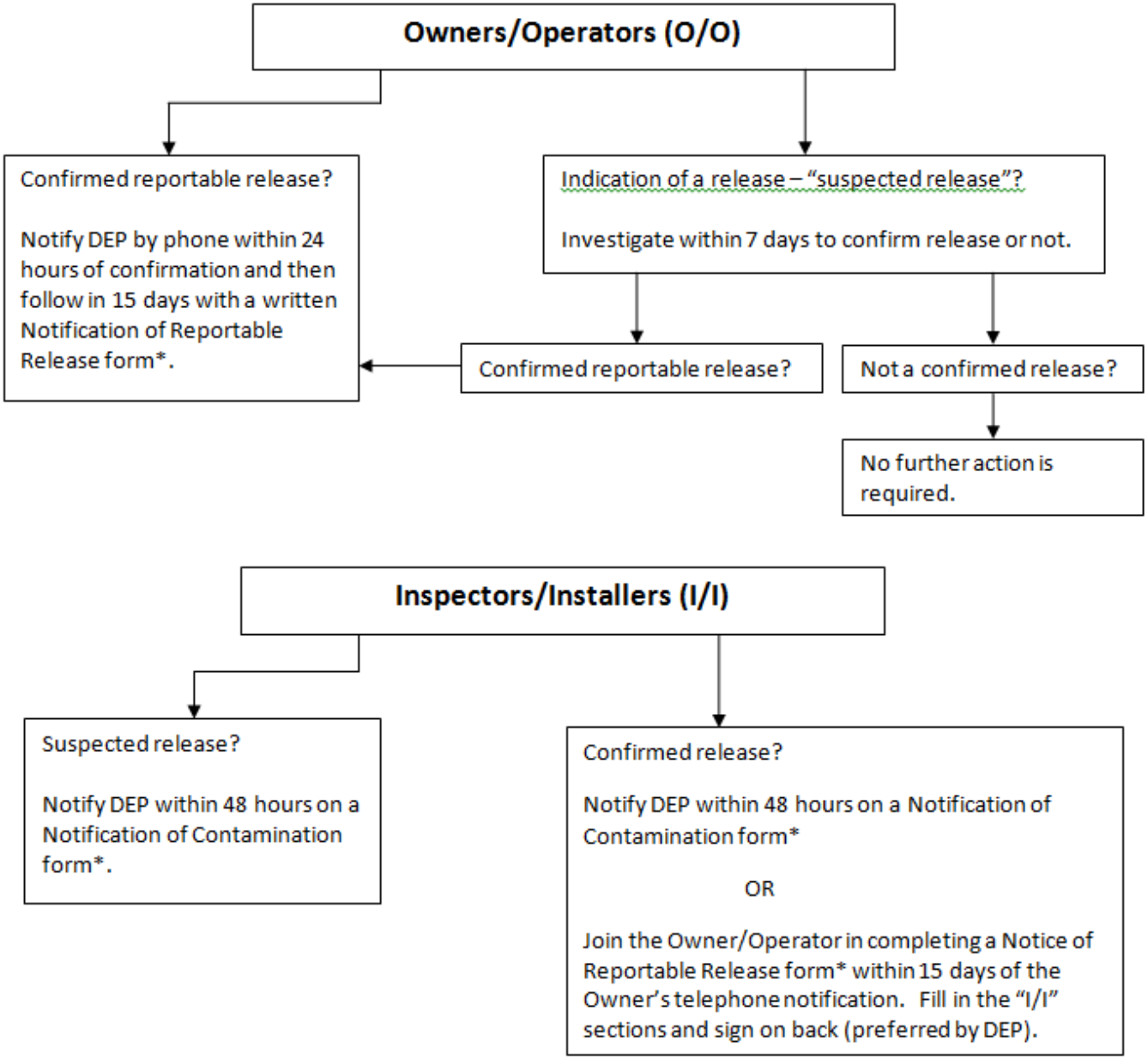
# *RELEASE REPORTING FLOW CHART*



# Standards of Performance

**Reportable Release**:

"A quantity or an unknown quantity of regulated substance released to or posing an immediate threat to surface water, groundwater, bedrock, soil or sediment."

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# Standards of Performance

"A Reportable Release **DOES NOT INCLUDE** (if the owner or operator has control over the release, the release is completely contained and, within 24 hours of the release, the total volume of the release is recovered or removed) the following:

1. A release to an interstitial space of a double-walled aboveground or underground tank.
2. A release of petroleum to an aboveground surface that is less than 25 gallons.
3. A release of a hazardous substance to aboveground surface that is less than its reportable quantity under CERCLA."

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# Standards of Performance

If a Department certified individual **suspects** a release of regulated substance, while performing services as a certified individual, they must submit a "Notification of Contamination" form, within **48 hours**, to the appropriate regional office of the Department.

On the form, they should indicate a suspected release along with completing all of the certified individual's sections of the form.

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# Standards of Performance

If a Department certified individual confirms that a reportable release has occurred while performing services as a certified individual, they have two options:

1. Submit a “Notification of Contamination” form to the appropriate regional office of the Department within **48 hours**. On the form, he should indicate a confirmed release along with completing all of the certified individual’s sections of the form; or

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

# Standards of Performance

2. Submit the “Notification of Contamination” form jointly with the owner/operator of the facility within **15 days** of the owner/operator’s telephone notification to the appropriate regional office of the Department.

On the form, they should indicate a confirmed release along with completing all of the certified individual’s sections of the form.

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# Standards of Performance

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

2550-FM-BWM0082 Rev. 12/2008
BUREAU OF WASTE MANAGEMENT

## NOTIFICATION OF REPORTABLE RELEASE *(Owners and Operators)*

☐ Initial
☐ Follow-Up

## NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

### NOTIFICATION OF REPORTABLE RELEASE *(Owners and Operators)*

The Storage Tank Program's Corrective Action Process (CAP) regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 24 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide an initial written notification to the Department, each municipality in which the reportable release occurred, and each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines, within 15 days of the notice required by Subsection 245.305(a).

Subsection 245.305(e) requires owners or operators to provide follow-up written notification to the Department and to each impacted municipality of new impacts to environmental media or water supplies, buildings, or sewer or other utility lines discovered after the initial written notification required by subsection 245.305(d). Written notification is to be made within 15 days of the discovery of the new impact.

This form may be used to comply with Subsection 245.305(d) and (e).

**OWNERS AND OPERATORS (O/O)**
**INDICATE IF THIS IS AN INITIAL OR FOLLOW-UP NOTIFICATION BY MARKING THE APPROPRIATE BOX FOUND IN THE TOP RIGHT-HAND CORNER OF THIS FORM. PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.**

### NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

The Storage Tank Program's Certification regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). Subsection 245.132(a)(4) requires submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

**CERTIFIED INSTALLERS AND INSPECTORS (I/I)**
**PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.**

### INSTRUCTIONS

I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.

II. **OWNER/OPERATOR INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I. Also, record the name and phone number of the operator of the facility.

III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.

IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "9/18/01"; the date and regional office notified; and the date the local municipality(ies) [provide name of municipality(ies)] was/were sent a copy of this form. Indicate to the best of your knowledge the source/cause of the release, how the release was discovered and the environmental media affected and impacts.

V. **INTERIM REMEDIALACTIONS** - Indicate the interim remedial actions planned, initiated or completed.

VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "11/24/01". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.

VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Use additional 8½" x 11" sheets of paper, if necessary.

VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

IX. **ATTACHMENT** - If a certified installer/inspector, provide a copy of failed valid tightness test(s), if applicable.

**PLEASE SEND COMPLETED ORIGINAL FORM TO:**
PA Department of Environmental Protection
Environmental Cleanup Program
Storage Tank Section
(and the appropriate address below,
depending on where the FACILITY is located)

| Southeast Region | Northeast Region | Southcentral Region | Northcentral Region | Southwest Region | Northwest Region |
|---|---|---|---|---|---|
| 2 East Main Street<br>Norristown, PA 19401<br>PHONE: 484-250-5900<br>FAX: 484-250-5961 | 2 Public Square<br>Wilkes-Barre, PA 18711-0790<br>PHONE: 570-826-2511<br>FAX: 570-820-4907 | 909 Elmerton Avenue<br>Harrisburg, PA 17110<br>PHONE: 877-333-1904<br>FAX: 717-705-4830 | 208 W. Third Street, Suite 101<br>Williamsport, PA 17701<br>PHONE: 570-321-6525/327-3696<br>FAX: 570-327-3420 | 400 Waterfront Drive<br>Pittsburgh, PA 15222<br>PHONE: 412-442-4091/4000<br>FAX: 412-442-4328 | 230 Chestnut Street<br>Meadville, PA 16335-3481<br>PHONE: 814-332-6945<br>800-373-3398<br>FAX: 814-332-6121 |
| **Counties**<br>Bucks, Chester, Delaware, Montgomery, Philadelphia | **Counties**<br>Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming | **Counties**<br>Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York | **Counties**<br>Bradford, Cameron, Centre, Clinton, Clearfield, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union | **Counties**<br>Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland | **Counties**<br>Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren |



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# Standards of Performance

2540-FM-BWM0082 Rev. 12/2008 FACILITY I.D. NUMBER ____-_____

**I. FACILITY INFORMATION (Both O/O and I/I)**

Facility Name | Facility I.D. Number -
Street Address (P.O. Box not acceptable)
City | State PA | Zip Code -
County | Municipality
Contact Person | Phone Number ( ) -

**II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)**

Owner Name
Address
City | State | Zip Code -
Phone Number ( ) -
Operator Name | Phone Number ( ) -

**III. REGULATED SUBSTANCE INFORMATION**

| A. Type of Product(s) Involved (Mark All That Apply ☒ ): Both O/O and I/I | | B. Quantity (Gallons) of Product(s) Released: O/O Only | C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply ☒): I/I Only | |
|---|---|---|---|---|
| Leaded Gasoline | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Unleaded Gasoline | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Aviation Gasoline | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Kerosene | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Jet Fuel | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Diesel Fuel | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| New Motor Oil | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Used Motor Oil | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Fuel Oil No. 1 | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Fuel Oil No. 2 | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Fuel Oil No. 4 | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Fuel Oil No. 5 | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Fuel Oil No. 6 | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Other (Specify) _____ | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |
| Unknown | ☐ | ___,___,___ | ☐ [S] | ☐ [C] |

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# Standards of Performance

## IV. REPORTABLE RELEASE INFORMATION (O/O Only)

**Date Reportable Release was Confirmed:** ____ / ____ / _____ (m / d / y)

**Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified:**

Date: ____ / ____ / _____ (m / d / y) Office _____

**Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:**

Date: ____ / ____ / _____ (m / d / y) Municipality _____

Date: ____ / ____ / _____ (m / d / y) Municipality _____

**Source (Mark All That Apply ☒):**

- Tank (DEP Assigned Nos. _____) ☐
- Piping System (Aboveground Regulated) ☐
- Piping System (Underground Regulated) ☐
- Piping System (Non-Regulated) ☐
- Dispenser/Dispensing Equipment ☐
- Spill Catchment Basin ☐
- Accident/Natural Disaster ☐
- Submersible Turbine Pump Head/Fittings ☐
- Containment/Sump Failure ☐
- Other (Specify) _____ ☐
- Unknown ☐

**Cause (Mark All That Apply ☒):**

- Faulty Installation ☐
- Corrosion ☐
- Physical/Mechanical Failure ☐
- Spill During Delivery ☐
- Overfill at Delivery ☐
- Vehicle Gas Tank Overfill ☐
- Product Delivery Hose Rupture ☐
- Other (Specify) _____ ☐
- Unknown ☐

**How Discovered (Mark All That Apply ☒):**

- During Closure ☐
- Lining Installation ☐
- Routine Leak Detection ☐
- Third Party Inspection ☐
- Tightness Testing Activities ☐
- Visible Product or Odor Reports ☐
- Water in Tank ☐
- Construction ☐
- Upgrade/Repair ☐
- Supply Well Sample Results ☐
- Monitoring Well Sample Results ☐
- Property Transfer ☐
- Other (Specify) _____ ☐
- Unknown ☐

**Environmental Media Affected and Impacts (Mark All That Apply ☒):**

- Soil ☐
- Sediment ☐
- Surface Water ☐
- Ground Water ☐
- Bedrock ☐
- Water Supplies ☐
- Vapors/Product in Buildings ☐
- Vapors/Product in Sewer/Utility Lines ☐
- Ecological Receptors ☐

# Standards of Performance

2550-FM-BWM0082 Rev. 12/2008 FACILITY I.D. NUMBER ____-_____

## V. INTERIM REMEDIAL ACTIONS (O/O Only)

(Mark All That Apply ☒):

| | Planned | Initiated | Completed | Not Applicable |
|---|---|---|---|---|
| Regulated Substance Removed from Storage Tanks | ☐ | ☐ | ☐ | ☐ |
| Fire, Explosion and Safety Hazards Mitigated | ☐ | ☐ | ☐ | ☐ |
| Contaminated Soil Excavated | ☐ | ☐ | ☐ | ☐ |
| Free Product Recovered | ☐ | ☐ | ☐ | ☐ |
| Water Supplies Identified and Sampled | ☐ | ☐ | ☐ | ☐ |
| Temporary Water Supplies Provided | ☐ | ☐ | ☐ | ☐ |
| Other (Specify) _____ | ☐ | ☐ | ☐ | ☐ |

## VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date of Observation of Suspected/Confirmed Contamination: ____ / ____ / _____ (m / d / y)

**Indication of Suspected Contamination (Mark All That Apply ☒):**

- Unusual Level of Vapors ☐
- Erratic Behavior of Product Dispensing Equipment ☐
- Release Detection Results Indicate a Release ☐
- Discovery of Holes in the Storage Tank ☐
- Other (Specify) _____ ☐

**Extent of Confirmed Contamination (Mark All That Apply ☒):**

- Product Stained or Product Saturated Soil or Backfill ☐
- Ponded Product ☐
- Free Product or Sheen on Ponded Water ☐
- Free Product or Sheen on the Ground Water Surface ☐
- Free Product or Sheen on Surface Water ☐
- Other (Specify) _____ ☐

## VII. ADDITIONAL INFORMATION (Both O/O and I/I)

Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Provide DEP assigned and owner/operator assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

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# Standards of Performance

2550-FM-BWM0082 Rev. 12/2008 FACILITY I.D. NUMBER ____ - _____

**VIII. CERTIFICATION (Both O/O and I/I)**

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
**(Print Name)**

**C.S.A.** §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____
Signature of Owner or Operator Date

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
**(Print Name)**

**C.S.A.** §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____
Signature of Certified Installer Date

_____ _____
Installer Certification Number Company Certification Number

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
**(Print Name)**

**C.S.A.** §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____
Signature of Certified Inspector Date

_____ _____
Inspector Certification Number Company Certification Number

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# Storage Tank Permitting

## § 245.203 – General Requirement for Permits

**(f) The Department will automatically withhold or withdraw the operating permit for a storage tank that is reported… in temporary closure or temporary removal from service (out-of-service) status…**

**(g) A storage tank system may not be operated if the Department suspends, revokes or denies the tank operating permit. A person may not deliver or place a regulated substance in a tank if the Department suspends, revokes or denies the tank operating permit**

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# Storage Tank Permitting

## § 245.222 – Application Requirements

- **Application for a General Operating Permit shall be submitted on a Department form…**
  - **Storage Tank Registration / Permitting Application Form**
  - **A one-page Storage Tank Registration Amendment Form is now available for use in making some changes.**

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# Site Specific Installation Permits

## § 245.231 – Scope

**Site-specific installation permits are required *prior to* construction, reconstruction or installation…**

- **When adding an aboveground tank with a capacity greater than 21,000 gallons at an existing facility**
- **When installing tanks with an aggregate capacity greater than 21,000 gallons at a <u>new AST facility</u>**
- **New highly-hazardous storage tank systems**
  - **An AST or UST with a capacity greater than 1,100 gallons storing a highly hazardous substance**
- **New underground field constructed storage tank systems**

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# Site Specific Installation Permits

## Major Elements:

- **Part I / Part II SSIP Application**
- **General Information Form**
- **Municipal & County Notification Letters (and Proof of Receipt)**
- **Siting – Floodplain, Wetlands**
- **Geology – if karst, deep-mined, or other geological issues, requires geotechnical analysis**
- **Mapping – plot plan, topographic map, wells within 2500' plotted**
- **Environmental Assessment – when required**

- **30-day public notice in PA Bulletin required for new facilities (DEP handles this)**

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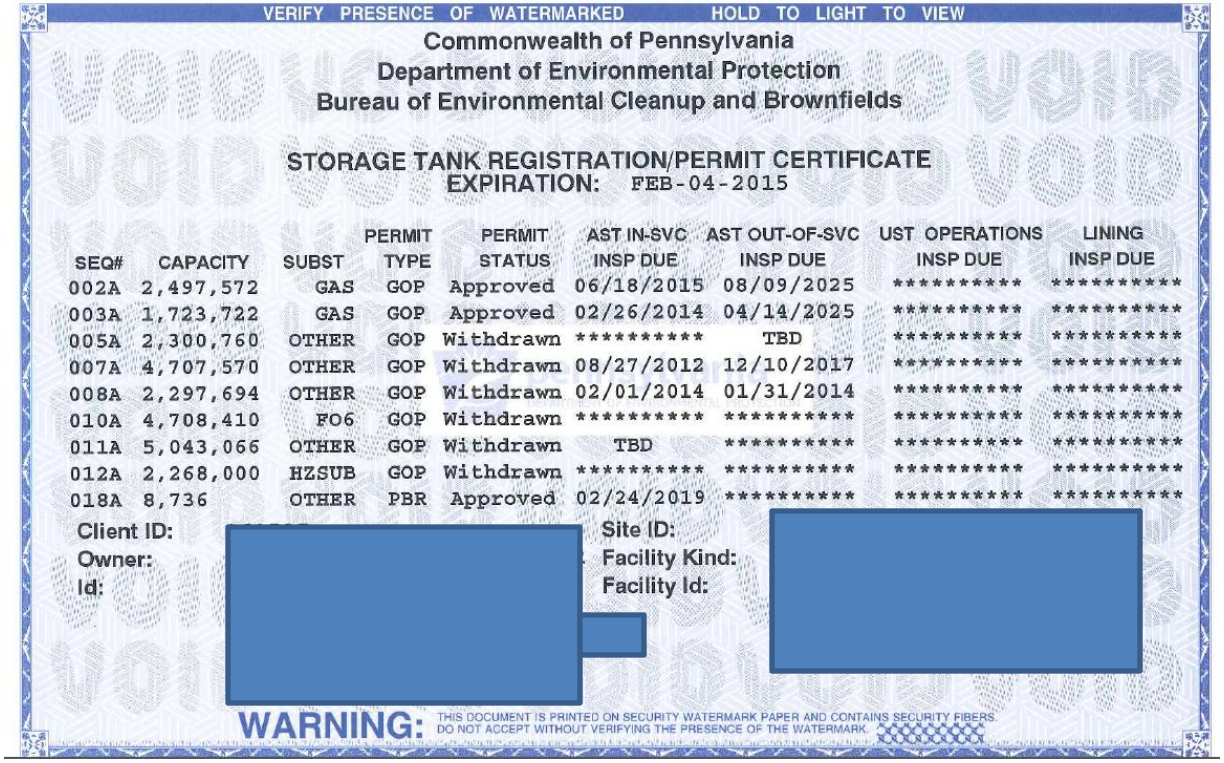
# New Registration Certificate

- More inspection information
- Easily track inspection due dates
- Shows overdue inspections
- “TBD” indicates the next inspection due date will be determined once tank repairs are made



VERIFY PRESENCE OF WATERMARKED HOLD TO LIGHT TO VIEW

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Environmental Cleanup and Brownfields

STORAGE TANK REGISTRATION/PERMIT CERTIFICATE
EXPIRATION: FEB-04-2015

| SEQ# | CAPACITY | SUBST | PERMIT TYPE | PERMIT STATUS | AST IN-SVC INSP DUE | AST OUT-OF-SVC INSP DUE | UST OPERATIONS INSP DUE | LINING INSP DUE |
|---|---|---|---|---|---|---|---|---|
| 002A | 2,497,572 | GAS | GOP | Approved | 06/18/2015 | 08/09/2025 | ********** | ********** |
| 003A | 1,723,722 | GAS | GOP | Approved | 02/26/2014 | 04/14/2025 | ********** | ********** |
| 005A | 2,300,760 | OTHER | GOP | Withdrawn | ********** | TBD | ********** | ********** |
| 007A | 4,707,570 | OTHER | GOP | Withdrawn | 08/27/2012 | 12/10/2017 | ********** | ********** |
| 008A | 2,297,694 | OTHER | GOP | Withdrawn | 02/01/2014 | 01/31/2014 | ********** | ********** |
| 010A | 4,708,410 | FO6 | GOP | Withdrawn | ********** | ********** | ********** | ********** |
| 011A | 5,043,066 | OTHER | GOP | Withdrawn | TBD | ********** | ********** | ********** |
| 012A | 2,268,000 | HZSUB | GOP | Withdrawn | ********** | ********** | ********** | ********** |
| 018A | 8,736 | OTHER | PBR | Approved | 02/24/2019 | ********** | ********** | ********** |

Client ID:
Owner:
Id:

Site ID:
Facility Kind:
Facility Id:

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARK PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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# Storage Tank Closure

- **Closure Notification**
  - **Submit to Department regional office 30 days before scheduled date of removal – serves notice of intent to close or remove tank (USTs or Large ASTs)**
    - **This is a dual purpose form, also used to notify DEP of intent to install (USTs)**
- **Closure Report (USTs or Large ASTs)**
  - **When required the report is sent to the applicable Department regional office**
- **Registration/Permitting Application**
  - **The only way to remove tanks from system inventory**

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# Delivery Prohibition

- **Lists are available on Storage Tank Web Site**
  - **Active tank list – no large ASTs or highly hazardous tanks**
  - **Suspended or revoked as a result of enforcement action**
  - **Tanks without operating permits**

- **Tanks in "T" (temporarily out of service) status**
  - **Tank must be empty**
  - **Operating permit withdrawn or withheld**

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# Delivery Prohibition

## September 28, 2011

**1,172 letters mailed regarding regulated tanks:**

- ✓ **Product Distributors**
- ✓ **PPMCSA**
- ✓ **PA Farm Bureau**

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# Storage Tank Listings

**Storage Tanks Website → Registration → Regulated Tank List**

**Excel spreadsheets (updated monthly)**

**or live search**

***Excludes large ASTs and highly hazardous tanks**

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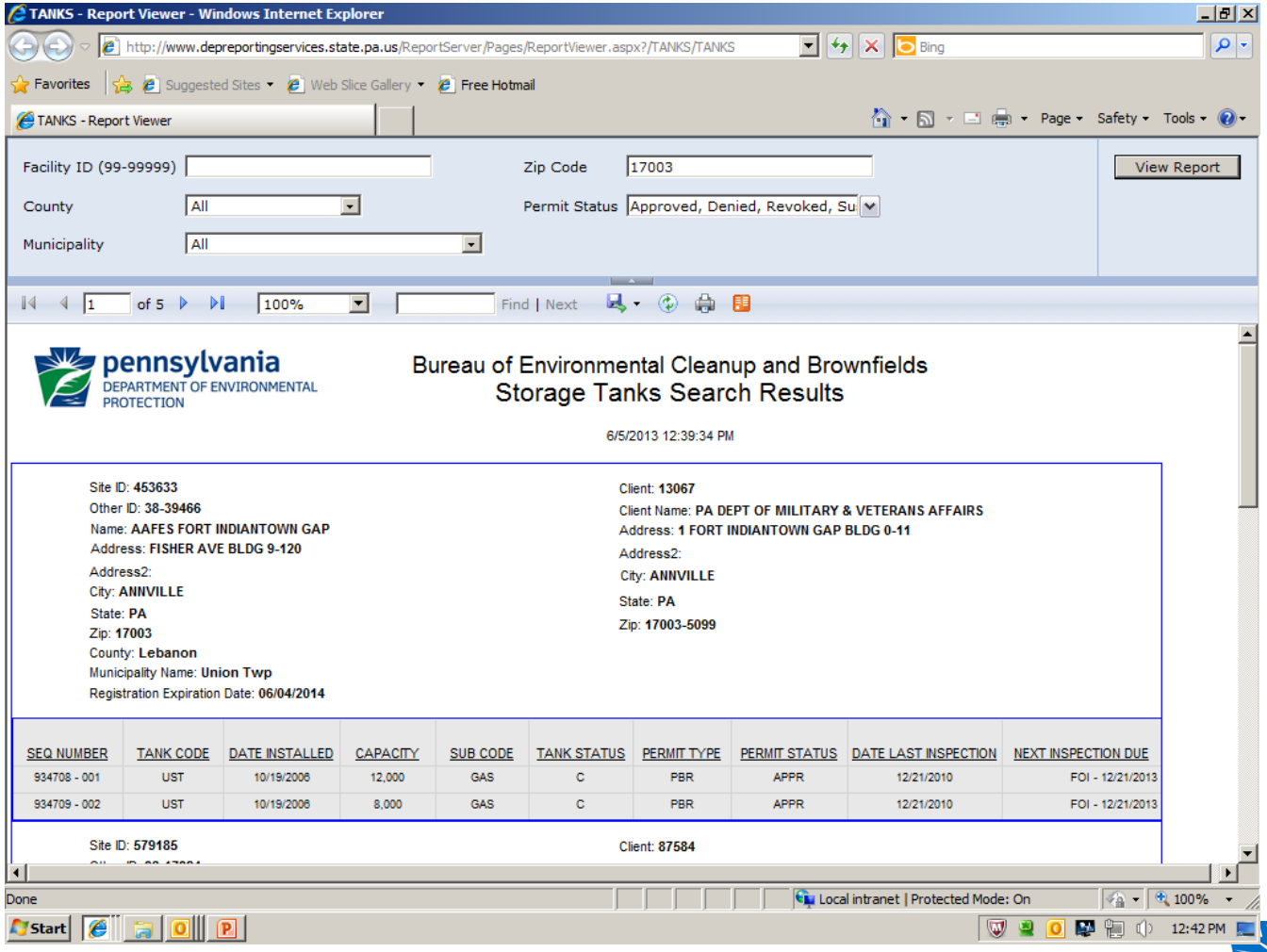
# Storage Tank Listings




Query parameters:

- Facility ID
- County
- Municipality
- Zip Code
- Permit Status

Tank listings now also include next insp. due and reg. exp. date.

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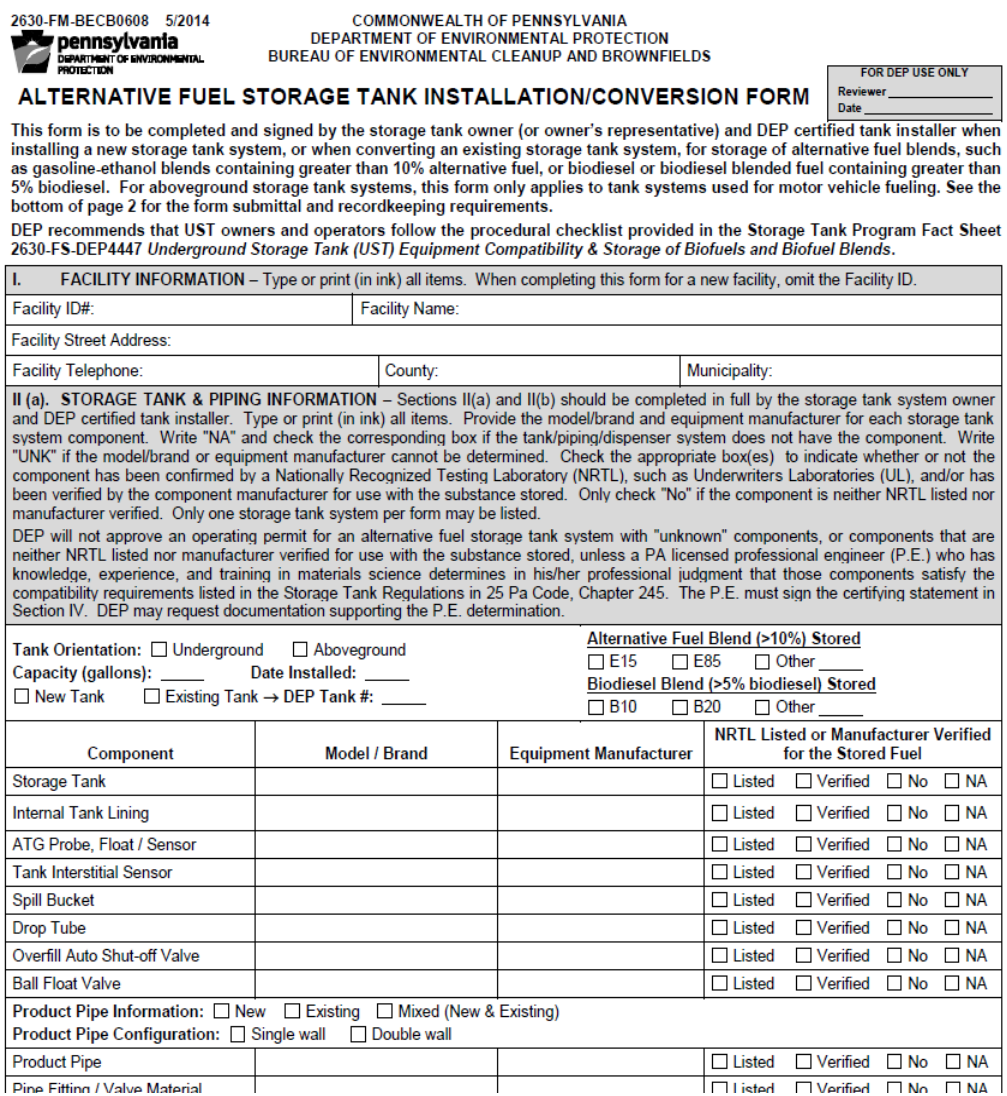
# Alternative Fuel Storage Tank Installation/Conversion Form

- All USTs, and ASTs used for motor vehicle fueling, storing:
  - Gasoline/alcohol blends greater than 10% alcohol (E15, E85)
  - Biodiesel blends greater than 5% biodiesel (B10, B20)
- Ensures compatibility of all system components



2630-FM-BECB0608 5/2014

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

**ALTERNATIVE FUEL STORAGE TANK INSTALLATION/CONVERSION FORM**

FOR DEP USE ONLY
Reviewer _____
Date _____

This form is to be completed and signed by the storage tank owner (or owner's representative) and DEP certified tank installer when installing a new storage tank system, or when converting an existing storage tank system, for storage of alternative fuel blends, such as gasoline-ethanol blends containing greater than 10% alternative fuel, or biodiesel or biodiesel blended fuel containing greater than 5% biodiesel. For aboveground storage tank systems, this form only applies to tank systems used for motor vehicle fueling. See the bottom of page 2 for the form submittal and recordkeeping requirements.

DEP recommends that UST owners and operators follow the procedural checklist provided in the Storage Tank Program Fact Sheet 2630-FS-DEP4447 *Underground Storage Tank (UST) Equipment Compatibility & Storage of Biofuels and Biofuel Blends*.

**I. FACILITY INFORMATION** – Type or print (in ink) all items. When completing this form for a new facility, omit the Facility ID.

| Facility ID#: | Facility Name: | |
|---|---|---|
| Facility Street Address: | | |
| Facility Telephone: | County: | Municipality: |

**II (a). STORAGE TANK & PIPING INFORMATION** – Sections II(a) and II(b) should be completed in full by the storage tank system owner and DEP certified tank installer. Type or print (in ink) all items. Provide the model/brand and equipment manufacturer for each storage tank system component. Write "NA" and check the corresponding box if the tank/piping/dispenser system does not have the component. Write "UNK" if the model/brand or equipment manufacturer cannot be determined. Check the appropriate box(es) to indicate whether or not the component has been confirmed by a Nationally Recognized Testing Laboratory (NRTL), such as Underwriters Laboratories (UL), and/or has been verified by the component manufacturer for use with the substance stored. Only check "No" if the component is neither NRTL listed nor manufacturer verified. Only one storage tank system per form may be listed.

DEP will not approve an operating permit for an alternative fuel storage tank system with "unknown" components, or components that are neither NRTL listed nor manufacturer verified for use with the substance stored, unless a PA licensed professional engineer (P.E.) who has knowledge, experience, and training in materials science determines in his/her professional judgment that those components satisfy the compatibility requirements listed in the Storage Tank Regulations in 25 Pa Code, Chapter 245. The P.E. must sign the certifying statement in Section IV. DEP may request documentation supporting the P.E. determination.

Tank Orientation: ☐ Underground ☐ Aboveground
Capacity (gallons): _____ Date Installed: _____
☐ New Tank ☐ Existing Tank → DEP Tank #: _____

Alternative Fuel Blend (>10%) Stored
☐ E15 ☐ E85 ☐ Other _____
Biodiesel Blend (>5% biodiesel) Stored
☐ B10 ☐ B20 ☐ Other _____

| Component | Model / Brand | Equipment Manufacturer | NRTL Listed or Manufacturer Verified for the Stored Fuel |
|---|---|---|---|
| Storage Tank | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Internal Tank Lining | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| ATG Probe, Float / Sensor | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Tank Interstitial Sensor | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Spill Bucket | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Drop Tube | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Overfill Auto Shut-off Valve | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Ball Float Valve | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| **Product Pipe Information:** ☐ New ☐ Existing ☐ Mixed (New & Existing)<br>**Product Pipe Configuration:** ☐ Single wall ☐ Double wall | | | |
| Product Pipe | | | ☐ Listed ☐ Verified ☐ No ☐ NA |
| Pipe Fitting / Valve Material | | | ☐ Listed ☐ Verified ☐ No ☐ NA |

# Administrative Summary

- **Submit documents, reports, applications on current forms**
  - **Tank handling activities within 30 days of completion**
  - **Inspection activities 60 days from date of inspection**
  - **Inspections as part of a project involving multiple certified individuals and certification categories should be submitted 30 days from completion of the project. Signature dates should never precede an install date!**
- **Renew certification 60-120 days prior to expiration date**
  - **Exceptions made for those applicants renewing by retest**
- **You may not use activities to renew certification**
- **Requests for renewal of certification submitted more than 60 days beyond expiration date requires applicant to meet initial requirement for certification**

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# Administrative Summary

- **Uniform expiration date**
- **Certified companies and certified individuals share responsibility for all activities, and for the timely submission of all reports or project-related forms**
- **Certify safety training and application accuracy**
- **All tank handling or inspection activities involving non-certified employees or personnel are to be supervised by a certified installer or certified inspector with the applicable certification**
- **Do not sign tank handling or inspection documents unless you performed or supervised the certified activity**
- **Please don’t refer tank owners to the Pollution Prevention Reimbursement Grant Program (pump & plug) without confirming eligibility**
- **Companies, pay TIIP fees!**
- **Labor & Industry – F&C permits when needed**

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# Storage Tanks Website

**www.dep.state.pa.us**

**Environmental Cleanup & Brownfields →**

**Storage Tanks**

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# Administrative Training Questions?

**Certification Unit:**

Anne Toth – 717.772.5808

Wendy Davis – 717.772.5829

**Registration/Fees:**

Sharon Peterson – 717.772.5817

**SSIPs:**

Eric Lingle – 717.783.2403

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# Aboveground Storage Tank Inspection

- Inspection Summary Forms
  - Ensure the most current are being utilized
    - Check AST part of DEP Division of Storage Tank Website
    - DEP will try to keep you updated if changes are implemented

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# Aboveground Storage Tank Inspection

2630-FM-BECB0150 Rev. 3/2013
FORM

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Latest update

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

## ABOVEGROUND STORAGE TANK INTEGRITY INSPECTION SUMMARY

**I. Type of Inspection**

- ☐ In-service
- ☐ Out-of-service

Lining Inspection

**II. Inspection Date(s)**

Completion of this inspection _____
Last in-service inspection _____
Last out-of-service inspection _____

**FOR DEP USE ONLY**

Reviewer _____
Date _____
Entered By _____
Date _____

**III. Facility Information**

Facility I.D. Number XX-XXXXX
Facility Name _____
Facility Address _____
_____
Municipality _____

**IV. Inspector Information**

Name _____
Certification number _____
Phone A number that you can be reached
Employer _____
Employer certification number _____

# Aboveground Storage Tank Inspection

**V. Tank Identification**

DEP Tank ID number 123 A  Owner's Tank ID Number _____

Nominal Capacity (gallons) NOT BARRELS!

Size: diameter _____(ft) length/height _____(ft)

Substance stored Current or proposed, if empty

Original construction code Must be AST

**VI. Fire/Safety Permit**

Number Is this AST on the permit?

Issuing Authority PA L&I? City? PASPFM?

Date Issued _____

- ☐ Horizontal Saddle Tank
- ☐ Vertical Tank
- ☐ Elevated Vertical Tank

- ☐ Shop Built
- ☐ Field Built

Check one box in each column

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# Aboveground Storage Tank Inspection

**VII. Certified Inspector**

I, the DEP Certified Inspector, have inspected the entire above referenced tank system. Based on my observation of the tank system, review of examination and tests results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I also certify that this tank system ☐ **can** ☐ **cannot** remain in service or be returned to service without additional evaluation or modification.

Only YOURS, signed by YOU!!! _____ Date Signed _____

Certified Inspector's Signature — Date

**VIII. Owner or Owner's Representative** I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ _____ _____

Name (Please Print) — Title — Phone Number

_____ _____

Signature — Date

*Ensure owners reviewed/understand inspection, if they refused to sign, write that in the signature block.

# Aboveground Storage Tank Inspection

2630-FM-BECB0150 Rev. 3/2013
FORM

Facility ID XX — XXXXX DEP Tank ID 123 A Inspection Date _____

**IX. Evaluation of Tank System** Indicate the condition of the following components by marking the appropriate columns. If unsatisfactory explain deficiency in comment section.

| System component | Satisfactory | Unsatisfactory Tank Cannot be Returned to Service | Not Applicable |
|---|---|---|---|
| Foundation and tank supports | ☐ | ☐ | |
| Tank shell | ☐ | ☐ | |
| Tank roof | ☐ | ☐ | |
| Tank bottom/floor | ☐ | ☐ | ☐ |
| Internal linings & coating, if installed | ☐ | ☐ | ☐ |

Method(s) used for nondestructive examination(s) Large AST bottoms need visual, UT, and 1 more (VB, MFE, etc.)

| | Satisfactory | Unsatisfactory | Tank Cannot be returned to service | Not Applicable |
|---|---|---|---|---|
| External deterioration protection | ☐ | ☐ | | |
| Appurtenances | ☐ | ☐ | ☐ | |
| Ancillary equipment (including piping) | ☐ | ☐ | ☐ | |
| Cathodic protection system, if installed | ☐ | ☐ | ☐ | ☐ |

*Ensure any comments in Section XV. match this section. Always label each page with Facility ID, DEP Tank ID, and Inspection Date.

# Aboveground Storage Tank Inspection

**X. Calculated Information**

1. Corrosion/deterioration rate: Tank Shell _____(in/yr)
   Tank Bottom _____(in/yr)
   Piping _____(in/yr)
3. Service life based on corrosion rate:
   Tank _____(years)
   Piping _____(years)

Which method did you use to calculate the tank bottom service life?: ☐ API-653 ☐ Corrosion Rate

What was the retirement thickness for the calculation? (T-min or other endpoint) _____

2. Next inspection scheduled by:
   In-service _____(mm/dd/yy)
   Out-of-service _____(mm/dd/yy)

**If checked, the cannot remain in service box on page 1 should be checked**

☐ Next Inspection Dates to be Determined after Repairs and before tank is returned to service

Calculate corrosion rates, service life and next inspection dates, unless the minimum acceptable thickness has been reached for that component. If repairs are completed subsequent to the inspection, the next inspection dates can be updated after the modifications.

# Calculation of service life (large ASTs)

- API 653 calculated service life method, **or**;
  - Based on minimum acceptable thickness for continued use (0.1 in. or 0.05 in. for bottom)
- the corrosion rate life
  - ¼ of the corrosion rate life with a maximum of 5 years for in-service inspection frequencies
  - ½ of the corrosion rate life with a maximum of 20 years for out-of-service inspection frequencies

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# Aboveground Storage Tank Inspection

**XI. Observations**

1. Contamination observed/suspected: ☐ No ☐ Yes, Department notification form submitted on _____.
2. Does the tank have any perforations? ☐ No ☐ Yes
3. Is the tank system appropriately labeled? ☐ Yes ☐ No

**XII. Record Review**

1. Written operations and maintenance plan available on site: ☐ Yes ☐ No
2. Spill Prevention Response Plan is current and available on site: ☐ Yes ☐ No ☐ Not required
3. Owner/Operator monthly maintenance inspection record is available for the past twelve months: ☐ Yes ☐ No
4. Is this tank internally lined? ☐ Yes ☐ No ☐ No record available
5. Is a leak test required at the time of this inspection? ☐ Yes ☐ No

   If so, did the test indicate a possible leak? ☐ Yes ☐ No What method was used? _____

Do not breeze through these sections. If available, you must review these records as part of your integrity inspection. If any of the required records aren't available, please note and comment about this.

# Aboveground Storage Tank Inspection

## Records

- Spill Prevention Response Plans (SPRPs)are required when the aggregate capacity of all regulated ASTs exceed 21,000-gallons
- Operation and maintenance plans are an integral part of the SPRP, and are also required for large storage tank facilities
- Leak tests are required for existing large ASTs without secondary containment, no cathodic protection, and no internal lining at every in-service integrity inspection

# Aboveground Storage Tank Inspection

**2630-FM-BECB0150 Rev. 3/2013**
**FORM**

**Facility ID** _____ — _____ **DEP Tank ID** _____ **A** **Inspection Date** _____

## XIII. Tank Information

(1) Tank Construction
- ☐ A Single wall steel
- ☐ D Double wall steel
- ☐ E Single wall fiberglass
- ☐ F Double wall fiberglass
- ☐ R Single wall molded plastic
- ☐ S Single wall stainless steel
- ☐ 99 Other _____

(3) Aboveground Piping Construction
- ☐ A Steel
- ☐ D Fiberglass
- ☐ F PVC or Plastic
- ☐ L Stainless Steel
- ☐ 99 Other _____

(5) Pipe Release Detection Method
- ☐ G Visual inspection
- ☐ H None
- ☐ 99 Other _____

(7) Overfill Prevention
- ☐ Y Yes
- ☐ N No

(10) Tank Cathodic Protection
- ☐ B Galvanic
- ☐ C Impressed current
- ☐ N None

(16) Emergency Containment Check records.
- ☐ Meets permeability requirement
- ☐ Verified by a Registered Professional Engineer
- ☐ Containment present but does not meet requirements
- ☐ No containment structure
- ☐ Outer wall of a double walled tank

(17) Secondary Containment
- ☐ Impermeable layer: material? _____
- ☐ Space for release detection: what space? _____
- ☐ N None

(24) Normal Vent / Emergency Vent
- ☐ S Satisfactory
- ☐ U Unsatisfactory

Identify which vent if Unsatisfactory

# Aboveground Storage Tank Inspection

XIV. **Double Walled Tanks** If this is a double walled tank that relies **solely** on the outer wall for containment, please answer the following questions.

Is there spill prevention (Spill Bucket/Containment Box)? ☐ Yes ☐ No

Are there block valves on all product lines? ☐ Yes ☐ No

Is there a solenoid valve or antisiphon device? ☐ Yes ☐ No ☐ Not applicable

- This applies only to Small ASTs.
- Solenoid valve or anti-siphon device is only not applicable when all the piping never drops below maximum liquid level for the tank.

# Aboveground Storage Tank Inspection

**XV.** **Comments** Describe any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.

Describe any deficiencies here!



*Ensure comments match evaluation and observations sections of the AST Integrity Inspection Summary Form.

# Aboveground Storage Tank Inspections

## AST Integrity Inspection Summaries

- Ensure that the summaries are sent within 60-days of inspection date.
- Review thoroughly if you aren't filling out the forms, sign-off and submit when completed, see above.
- Do not sign the form unless you personally performed the integrity inspection.
- If tank is internally lined, please add the due date for the lining inspection to the form
- Changes to this form are forthcoming

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# AST Integrity Inspection Summary - Exercise

## AST In-service Integrity Inspection – Tank Details

Owner Tank ID#:  5223

Substance:  Fuel Oil No. 2

Diameter: 80’

Height: 48’

Capacity: 41,000 barrels

Construction Date:  12/01/1978

Construction Standard: API 650

Last In-service Inspection:  02/26/2009

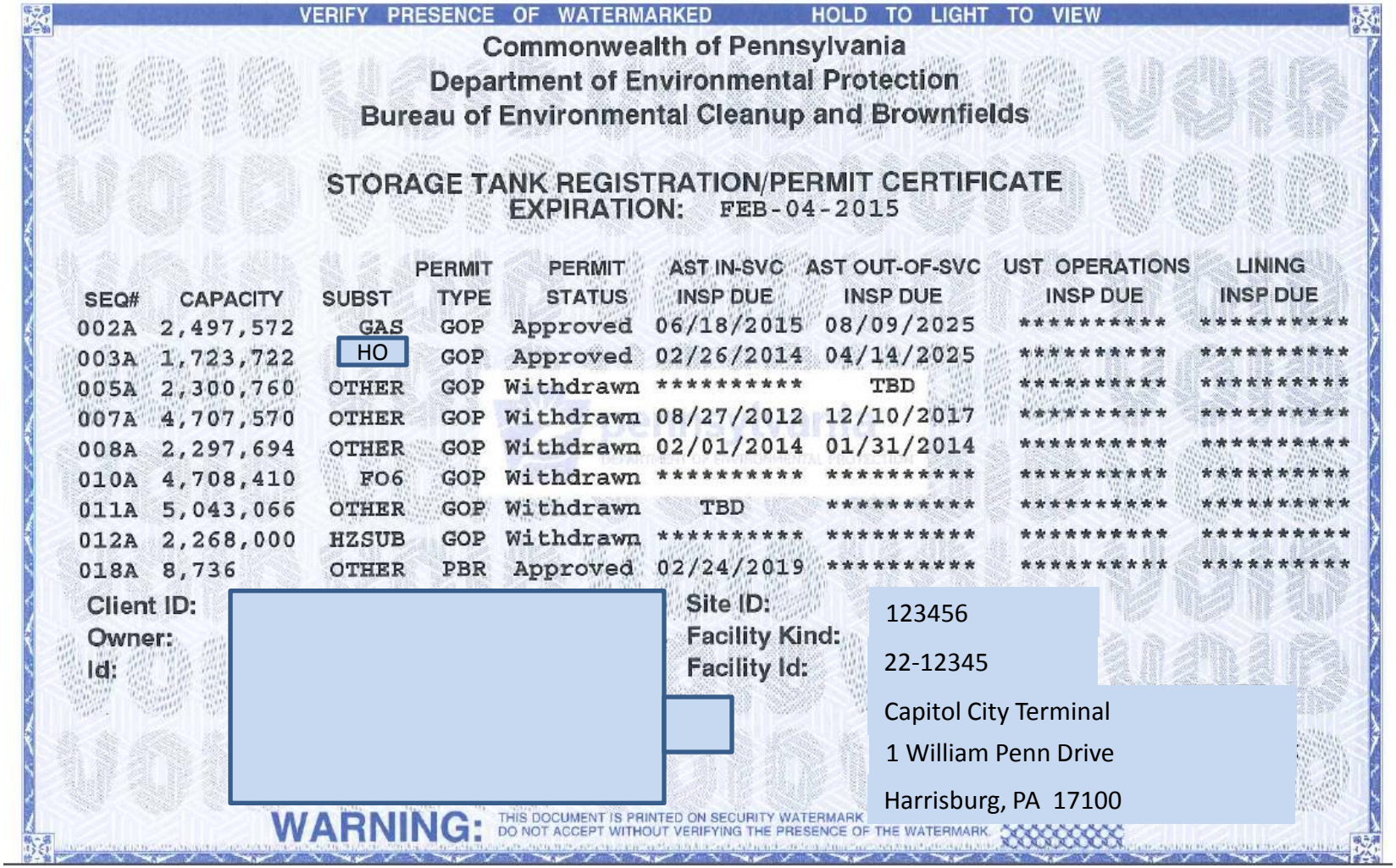
Last Out-of-Service Inspection:  04/14/2005

Single Bottom AST on ring wall

No Cathodic Protection

No internal lining

# AST Integrity Inspection Summary Exercise



VERIFY PRESENCE OF WATERMARKED HOLD TO LIGHT TO VIEW

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Environmental Cleanup and Brownfields

STORAGE TANK REGISTRATION/PERMIT CERTIFICATE
EXPIRATION: FEB-04-2015

| SEQ# | CAPACITY | SUBST | PERMIT TYPE | PERMIT STATUS | AST IN-SVC INSP DUE | AST OUT-OF-SVC INSP DUE | UST OPERATIONS INSP DUE | LINING INSP DUE |
|---|---|---|---|---|---|---|---|---|
| 002A | 2,497,572 | GAS | GOP | Approved | 06/18/2015 | 08/09/2025 | ********** | ********** |
| 003A | 1,723,722 | HO | GOP | Approved | 02/26/2014 | 04/14/2025 | ********** | ********** |
| 005A | 2,300,760 | OTHER | GOP | Withdrawn | ********** | TBD | ********** | ********** |
| 007A | 4,707,570 | OTHER | GOP | Withdrawn | 08/27/2012 | 12/10/2017 | ********** | ********** |
| 008A | 2,297,694 | OTHER | GOP | Withdrawn | 02/01/2014 | 01/31/2014 | ********** | ********** |
| 010A | 4,708,410 | FO6 | GOP | Withdrawn | ********** | ********** | ********** | ********** |
| 011A | 5,043,066 | OTHER | GOP | Withdrawn | TBD | ********** | ********** | ********** |
| 012A | 2,268,000 | HZSUB | GOP | Withdrawn | ********** | ********** | ********** | ********** |
| 018A | 8,736 | OTHER | PBR | Approved | 02/24/2019 | ********** | ********** | ********** |

Client ID:
Owner:
Id:

Site ID: 123456
Facility Kind:
Facility Id: 22-12345

Capitol City Terminal
1 William Penn Drive
Harrisburg, PA 17100

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARK PAPER. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

# AST Integrity Inspection Summary Exercise

## Some observations from your AST IS integrity inspection…

- Minor scattered coating failure on tank shell and associated piping
- No label that identifies regulated substance in tank
- Emergency containment, free of vegetation and debris, combustible material, excess water
- Emergency containment drain valve in closed position
- Vents on roof free of restrictions
- Tank gauging/overfill alarms functioning properly

# AST Integrity Inspection Summary Completion

## Record Review

- Monthly maintenance Checklist – Last 12 months available and owner followed up on needed items
- Spill Prevention Response Plan current
- Written operations and maintenance plan available (Part of SPRP)
- Compacted clay emergency containment study 05/12/2010 – all 18 data points from containment floor and walls $<1.0 \times 10^{-6}$ cm/sec for heating oil storage
- Leak test? Owner had no clue.

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# AST Integrity Inspection Summary Completion

## Calculations

- Safe fill height – 36’ 11”
- Out of plane survey – within limits per API 653
- Corrosion/deterioration rate
  - Tank Shell = 0.00015 in/yr
  - Piping = 0.0002 in/yr
- Service life based on corrosion rates – API 653
  - Tank = 50 years

    piping = 50+ years

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FORM

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BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

# ABOVEGROUND STORAGE TANK INTEGRITY INSPECTION SUMMARY

**I. Type of Inspection**
- ☒ In-service
- ☐ Out-of-service

**II. Inspection Date(s)**
- Completion of this inspection 11-19-2015
- Last in-service inspection 02-26-2009
- Last out-of-service inspection 04-14-2005

**FOR DEP USE ONLY**
- Reviewer
- Date
- Entered By
- Date

**III. Facility Information**
- Facility I.D. Number 22-12345
- Facility Name Capitol City Terminal
- Facility Address 1 William Penn Drive
- Harrisburg, PA 17100
- Municipality City of Harrisburg

**IV. Inspector Information**
- Name Ast Inspector
- Certification number 1234
- Phone 717-772-5830
- Employer XYZ Inspection Company
- Employer certification number 6789

**V. Tank Identification**
- DEP Tank ID number 003 A
- Owner's Tank ID Number 5223
- Nominal Capacity (**gallons**) 1,723,722
- Size: diameter 80 (ft) length/height 48 (ft)
- Substance stored Fuel Oil No. 2
- Original construction code API 650

**VI. Fire/Safety Permit**
- Number 12345
- Issuing Authority PA Dept. of Labor and Industry
- Date Issued 01/01/2005

- ☐ Horizontal Saddle Tank
- ☒ Vertical Tank
- ☐ Elevated Vertical Tank
- ☐ Shop Built
- ☒ Field Built

**VII. Certified Inspector**

I, the DEP Certified Inspector, have inspected the entire above referenced tank system. Based on my observation of the tank system, review of examination and tests results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I also certify that this tank system ☒ **can** ☐ **cannot** remain in service or be returned to service without additional evaluation or modification.

Ast Inspector — Certified Inspector's Signature
11-19-2015 — Date

**VIII. Owner or Owner's Representative** I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tank Owner-Representative — Name (Please Print)
Terminal Manager — Title
570-555-1212 — Phone Number

Tank Owner-Representative — Signature
11-19-2015 — Date

**Facility ID** 22 — 12345 **DEP Tank ID** 003 A **Inspection Date** 11-19-2015

**IX. Evaluation of Tank System** Indicate the condition of the following components by marking the appropriate columns. If unsatisfactory explain deficiency in comment section.

| System component | Satisfactory | Unsatisfactory Tank Cannot be Returned to Service | Not Applicable |
|---|---|---|---|
| Foundation and tank supports | ☒ | ☐ | |
| Tank shell | ☒ | ☐ | |
| Tank roof | ☒ | ☐ | |
| Tank bottom/floor | ☐ | ☐ | ☒ |
| Internal linings & coating, if installed | ☐ | ☐ | ☒ |

Method(s) used for nondestructive examination(s) UT, Visual

| | Satisfactory | Unsatisfactory | Tank Cannot be returned to service | Not Applicable |
|---|---|---|---|---|
| External deterioration protection | ☐ | ☒ | | |
| Appurtenances | ☒ | ☐ | ☐ | |
| Ancillary equipment (including piping) | ☒ | ☐ | ☐ | |
| Cathodic protection system, if installed | ☐ | ☐ | ☐ | ☒ |

**X. Calculated Information**

1. Corrosion/deterioration rate: Tank Shell 0.00015 (in/yr)
   Tank Bottom _____ (in/yr)
   Piping 0.0002 (in/yr)
3. Service life based on corrosion rate:
   Tank 50 (years)
   Piping 50+ (years)

Which method did you use to calculate the tank bottom service life?: ☐ API-653 ☐ Corrosion Rate

What was the retirement thickness for the calculation? (T-min or other endpoint) _____

2. Next inspection scheduled by:
   In-service 09/15/2020 (mm/dd/yy) ☐ Next Inspection Dates to be Determined after
   Out-of-service 04/14/2025 (mm/dd/yy) Repairs and before tank is returned to service

**XI. Observations**

1. Contamination observed/suspected: ☒ No ☐ Yes, Department notification form submitted on _____.
2. Does the tank have any perforations? ☒ No ☐ Yes
3. Is the tank system appropriately labeled? ☐ Yes ☒ No

**XII. Record Review**

1. Written operations and maintenance plan available on site: ☒ Yes ☐ No
2. Spill Prevention Response Plan is current and available on site: ☒ Yes ☐ No ☐ Not required
3. Owner/Operator monthly maintenance inspection record is available for the past twelve months: ☒ Yes ☐ No
4. Is this tank internally lined? ☐ Yes ☒ No ☐ No record available
5. Is a leak test required at the time of this inspection? ☒ Yes ☐ No

   If so, did the test indicate a possible leak? ☐ Yes ☐ No What method was used? Not completed

**Facility ID** 22 — 12345 **DEP Tank ID** 003 A **Inspection Date** 11-19-2015

## XIII. Tank Information

(1) Tank Construction
- [x] A Single wall steel
- [ ] D Double wall steel
- [ ] E Single wall fiberglass
- [ ] F Double wall fiberglass
- [ ] R Single wall molded plastic
- [ ] S Single wall stainless steel
- [ ] 99 Other _____

(3) Aboveground Piping Construction
- [x] A Steel
- [ ] D Fiberglass
- [ ] F PVC or Plastic
- [ ] L Stainless Steel
- [ ] 99 Other _____

(5) Pipe Release Detection Method
- [x] G Visual inspection
- [ ] H None
- [ ] 99 Other _____

(7) Overfill Prevention
- [x] Y Yes
- [ ] N No

(10) Tank Cathodic Protection
- [ ] B Galvanic
- [ ] C Impressed current
- [x] N None

(16) Emergency Containment
- [x] Meets permeability requirement
- [ ] Verified by a Registered Professional Engineer
- [ ] Containment present but does not meet requirements
- [ ] No containment structure
- [ ] Outer wall of a double walled tank

(17) Secondary Containment
- [ ] Impermeable layer: _____
- [ ] Space for release detection: _____
- [x] N None

(24) Normal Vent / Emergency Vent
- [x] S Satisfactory
- [ ] U Unsatisfactory

## XIV. Double Walled Tanks

If this is a double walled tank that relies **solely** on the outer wall for containment, please answer the following questions.

Is there spill prevention (Spill Bucket/Containment Box)? ☐ Yes ☐ No

Are there block valves on all product lines? ☐ Yes ☐ No

Is there a solenoid valve or antisiphon device? ☐ Yes ☐ No ☐ Not applicable

## XV. Comments

Describe any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.

Minor scattered coating failure on tank shell and piping.

Tank needs to be labeled with No. 2 Fuel Oil and NFPA Fire Diamond.

AST needs a leak test

# AST Modifications

- *Major Modifications – alters design and may affect integrity of AST system or facility; affects tank portion
- Minor Modifications – does not alter design and may affect integrity of AST system or facility; does not affect tank portion.
- Maintenance – does not alter design and does not affect integrity of AST system or facility.

*Always inspected

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# AST Modifications

- Storage Tank Modification/Maintenance Technical Guidance updated March 2014
- Read the definitions to assist category of repair
- Questionable repairs, please call AST Unit
- If inspection is needed for major modifications, involve appropriate AST inspector prior to repair and critical times
- 30-day submittal requirement for Modification Reports!

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# AST Major Modifications

- Replacement or addition of tank shell plate(s)
- Repair or replacement of tank bottom
- Installation, repair or replacement of interior lining or coating
- Installation, replacement, or structural repair of the tank integral roof or of an internal floating roof
- New or additional piping runs or not like kind replacements within the containment
- Initial penetrations of tank shell, roof or bottom
- Installation of new containment structure

# AST Minor Modifications

- Excavations within the containment.
- Installation of spill containment, tank gauging, and vents for which the AST was designed and fitting exist on the shell or roof
- Repairs involving cutting or welding on piping runs or not like kind replacements downstream of the first control valve and within the emergency containment

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# AST Maintenance Activities

- Tank painting, exterior coating, labeling
- Containment maintenance, surface coating, minor surface repair
- Like kind replacement of tank gauge
- Piping outside containment area
- AST cleaning not performed as part of a closure activity
- Replacement of threaded or flanged ancillary equipment located downstream of first isolation valve within emergency containment

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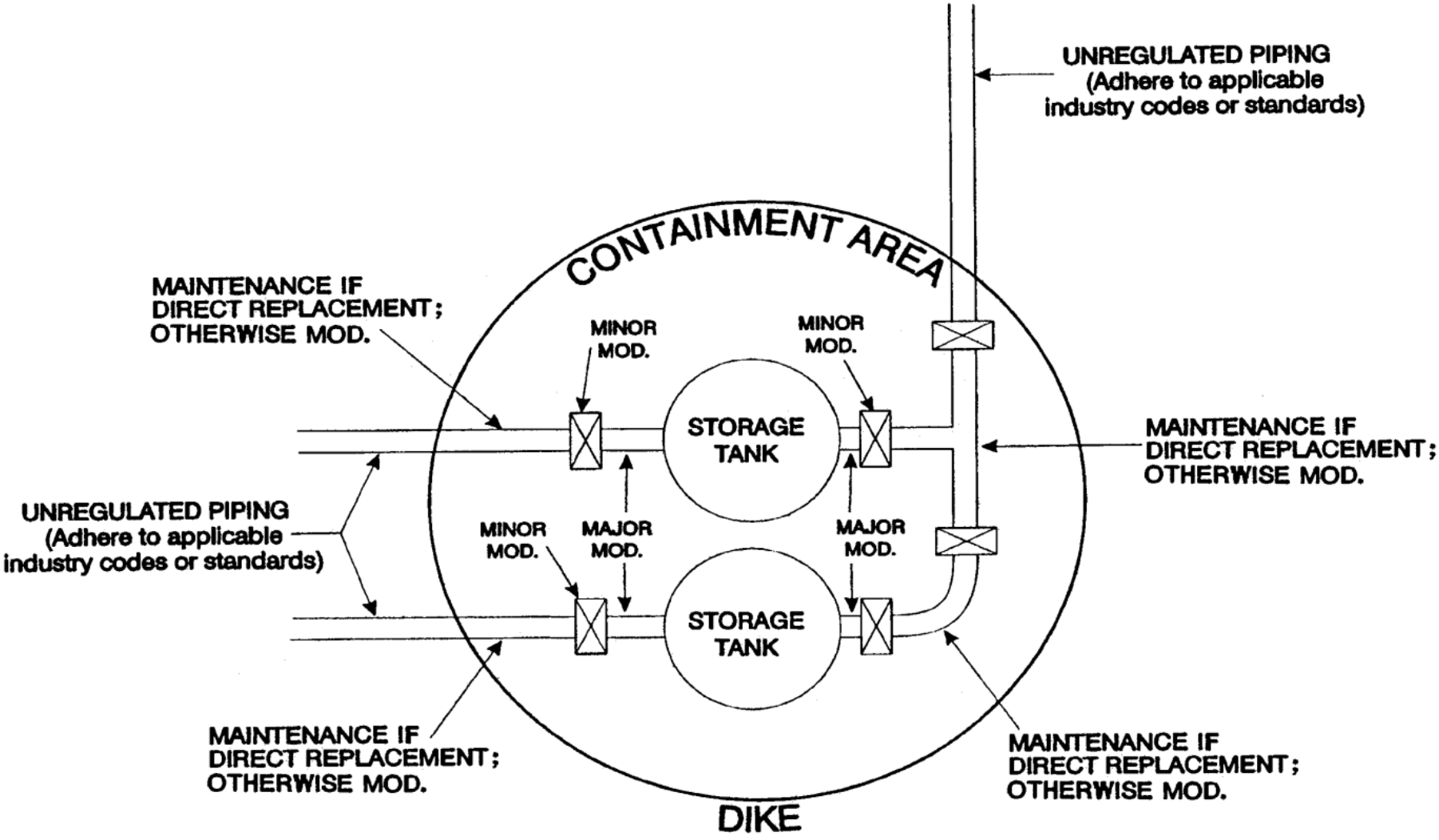


Figure from *Storage Tank Modification and Maintenance Issues*, update March 29, 2014

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# ABOVEGROUND STORAGE TANK MODIFICATION REPORT

## I. FACILITY INFORMATION

Facility I.D. Number _____

Facility Name _____

Facility Address _____

_____

_____

Municipality _____

County _____

**OFFICIAL USE ONLY**

| | INITIAL | DATE |
|---|---|---|
| CO Review | _____ | _____ |
| Data Entry | _____ | _____ |
| RO Review | _____ | _____ |

## II. TANK INFORMATION – Information Obtained from Registration Certificate? ☐ Yes ☐ No

Tank ID Number _____A  Owner Tank Number _____  Tank Capacity (gallons) _____

Substance Stored _____

Where was the tank assembled? ☐ Field Constructed ☐ Manufactured (Shop Built)

Tank configuration ☐ Horizontal ☐ Vertical ☐ Elevated Vertical  Tank Construction Code _____

## III. TANK MODIFICATION INFORMATION

Was this modification work performed to correct deficiencies discovered during an inspection? ☐ Yes ☐ No

Tank modification is in accordance with manufacturer's specifications, engineer's design criteria, current industry standards and complies with the Fire Safety Requirements for flammable and combustible liquids (if applicable). If no, explain all irregularities in the comment section. ☐ Yes ☐ No  Modification standard _____

## IV. INSTALLER INFORMATION (Please Type or Print Clearly)

| Installer Name | Certification Number | Certification Category Used | Company Name | Company Certification |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## V. INSTALLER CERTIFICATION

This Section must be completed by the certified installer(s) for tank handling activities performed on aboveground storage tank systems. By signing below, the certified installer verifies that the tank handling activity was conducted in compliance with the design, installation, modification and operation standards of Act 32 and applicable regulations. The signature also certifies, under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided is true, accurate, and complete to the best of his/her knowledge and belief.

| Date(s) Work Completed | Installer's Signature(s) | Date(s) of Signature |
|---|---|---|
| | | |
| | | |

**Modification Reports must be submitted to PA DEP within 30 days of the completion of the Activity(s)**

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FACILITY I.D. #____ -_____ DEP TANK #_____A

**VI. TANK SYSTEM COMPONENTS – (Only check the blocks for modified or newly installed component(s))**

(1) Tank
- ☐ I Liner Modification/Installation
- ☐ K Modification of tank bottom
- ☐ L Modification of tank shell
- ☐ M Modification of tank roof
- ☐ Q Double bottom (explain)
- ☐ 99 Other (explain) _____

(3) Aboveground Piping
- ☐ New Piping Run - Piping Material: _____ (A, B, D, E, I, J, K)
- ☐ H Modification of existing piping
- ☐ 99 Other (explain) _____

(5) Pipe Release Detection (AST's in Vaults)
- ☐ Y Installed/modified

(6) Spill Prevention (Spill Bucket/Containment Box)
- ☐ Y Installed/modified

(7) Overfill Prevention
- ☐ Y Installed/modified

(10) Tank Cathodic Protection
- ☐ B Galvanic
- ☐ C Impressed current

(12) Tank Release Detection
- ☐ E Automatic tank gauge
- ☐ H Interstitial monitor
- ☐ L Grooves made in the impermeable pad
- ☐ M Slotted pipe above the impermeable pad
- ☐ 99 Other (explain) _____

(16) Emergency Containment
- ☐ Y Installed/modified

(17) Secondary Containment
- ☐ Y Installed/modified

(24) Normal Vent / Emergency Vent
- ☐ Y Installed/modified

**VII. DETAILED SCOPE OF WORK AND ANY ADDITIONAL COMMENTS:**

**VIII. INSPECTOR INFORMATION**

A modification inspection is required when a major modification is performed on an aboveground tank greater than 21,000 gallons in capacity. A modification inspection is also required on small aboveground field constructed tanks when a major modification is performed to the tank shell or tank bottom. Is an inspection required for this activity? ☐ Yes ☐ No

If yes, was the inspector involved prior to the initiation of the project and present at critical times? ☐ Yes ☐ No

| Inspector Name | Certification Number | Inspection Category | Company Name | Company Certification No. |
|---|---|---|---|---|
| | | | | |



When a major modification is performed, the inspector must be involved prior to the initiation of the project and present at critical times. Section VIII. must be completed. Identify yourself and give contact information to the installer.

# Modification Inspections

- Required when a major modification is performed on a large AST (>21,000-gallons), and on a small field constructed AST shell or bottom (>250 to 21,000-gallons).

- IAMs cannot perform modification inspections of aboveground field constructed storage tank systems

- 60-day submittal requirement, but try to get in sooner, preferably within 30-days

# Modification Inspections

- When substantial modifications are made to the tank floor, the next inspections date projections shall be determined based on the condition of the tank subsequent to those modifications an reported to the Department by the certified inspector on the appropriate inspection form provided by the Department (§245.554 Installation and modification inspections)
  - Still utilize the initial out-of-service inspection date as starting point for projecting next inspection interval, unless the entire tank floor is being replaced.

# Modification Inspection Scenario 1

The AST modification inspection covers AST bottom patch plates (seven) and puddle welds (12 areas) on existing AST bottom that had isolated areas of pitting on product side, as well as soil side corrosion. These areas of corrosion were identified on during a **09/13/2014** OS integrity inspection. At the time of the OS inspection, the corrosion rate and remaining service life calculations resulted in a shortened OS inspection interval of 11.4 years. Before placing the tank back into service the facility owner opted to have their AST bottom repaired to extend service life and next inspection intervals. Based on the repairs and existing corrosion rates, the new service life calculations and OS integrity inspection interval were greater than 20 years. What would the next OS inspection date be if your modification inspection was today?

# Modification Inspection Scenario 1

The next out-of-service integrity inspection due date of **09/13/2034** would be given because that is when the ultrasonic thickness gauge and other non-destructive examination measurements were taken. Furthermore, the maximum interval between out-of-service inspection intervals is 20 years according to the Pennsylvania Storage Tank Regulations.

# Modification Inspection Scenario 2

The AST modification inspection covers the installation of a new AST bottom. The original inspection conducted on **11/26/2014** identified that 60% of the tank floor has corroded beyond 0.1” (minimum acceptable thickness). The owner elected to have a new bottom installed over the existing bottom that was covered with a HDPE liner. Sand was poured between the existing bottom and new bottom and installed with leak detection ports in accordance with API 650 Appendix I. Taking into account the corrosion rates of the existing bottom and new 0.250” carbon steel, lap welded bottom, the expected service life of this tank is greater than 20 years.

If your inspection was **today**, when will the next OS integrity inspection be due?

# Modification Inspection Scenario 2

The next out-of-service integrity inspection due date of **11/19/2025.** A 10 year maximum interval would be given due to the unknown corrosion rate of the new bottom. It has been the Department's position that existing corrosion rates from old tank bottoms cannot be utilized for new AST bottoms. This is explained in Section 245.553(e)(2)(i) in the PA Storage Tank Regulations.

# Modification Inspection Scenario 3

The AST modification inspection covers the installation of an internal tank lining over the existing tank bottom and 18” up the shell. This tank was installed on **02/01/2005**. This AST had an OS integrity inspection completed on **01/23/2015** by another PADEP-certified inspection company. The API 653 internal inspection reported that corrosion rates for the tank bottom and shell were relatively low (0.00012 in/yr), and the overall condition of the tank bottom was excellent with over 50 years of remaining service life.

What are the next required AST inspection dates for this AST, if your lining inspection was **toda**y?

# Modification Inspection Scenario 3

The next integrity inspection dates would be as follows:

- Out-of-Service Integrity Inspection: **01/23/2035** (20 years from previous OS Inspection)
- In-Service Integrity Inspection: **01/23/2020** (5 years from previous OS inspection)
- Lining Inspection: **11/19/2025***

*Maximum interval for a lining inspection is 10 years or as warranted or recommended by the manufacturer or design engineer.

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# ABOVEGROUND STORAGE TANK MODIFICATION INSPECTION SUMMARY

**I. Inspection Date(s)**

_____

_____

**FOR DEP USE ONLY**

Reviewer _____ Date _____

Entered By _____ Date _____

**II. Facility Information**

Facility ID number _____

Facility Name _____

Facility Address _____

_____

Municipality _____

**III. Inspector Information**

Name _____

DEP Inspector Certification Number _____

Inspection Category _____

Phone (  ) _____

Employer _____

DEP Company Certification Number _____

**IV. Tank Identification**

DEP Tank ID number _____A  Owner Tank ID Number _____

Capacity (gallons) _____

Tank Configuration: ☐ Horizontal ☐ Shop Built ☐ Vertical ☐ Field Built ☐ Vertical Elevated

Construction Code _____

Substance stored _____

Size: diameter _____ (ft) length/height _____ (ft)

**V. Permit Information**

Fire/Safety Permit Number _____

Issuing Authority _____

Date Issued _____

**VI. Next Integrity Inspections (If applicable)**

In-Service _____ (mm/dd/yy)

Out-of-Service _____ (mm/dd/yy)

Lining

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Facility ID _____ DEP Tank ID _____A Inspection Date _____

**IX. Installer Information**

| Installer Name | Certification Number | Company Name | Company Certification |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**X. Description of Modifications**. What modification work was inspected?

- ☐ New bottom – describe configuration _____
- ☐ Repaired bottom _____
- ☐ Added or repaired internal lining _____
- ☐ Modification of shell _____
- ☐ Modification of roof _____
- ☐ Added or repaired nozzle(s) – where? _____
- ☐ Modification of containment structure(s) _____
- ☐ Other - explain _____

List **all** the installers and their information, as well as what you inspected in these sections. Elaborate on these descriptions, if needed, in the comments section.

**XI. Evaluation of Modifications:**

Was the welding completed in accordance with industry practices and performed by an appropriately qualified welder?

☐ Yes ☐ No ☐ Not Applicable

Was the tank modification performed in accordance with manufacturer's specifications, engineer's design criteria and current industry standards? If no, explain all deficiencies in Section XII. ☐ Yes ☐ No

Was the nondestructive testing performed in accordance with industry codes and practices by a properly qualified individual with the test results indicating no deficiencies? ☐ Yes ☐ No

Were you, as the DEP certified inspector, involved prior to the initiation of the modifications and present at critical times?

☐ Yes ☐ No

If this modification was in response to an integrity inspection, were **all** of the inspector's recommendations addressed?

☐ Yes ☐ No ☐ Not Applicable

If no, what is still unfinished? _____

Present at critical times? This is not a documentation review, a take your word for it scenario, or an, "I know this welder does everything by the book, and has never made a mistake in their life". The AST inspector must be involved and PRESENT in order to reliably determine that the following were met:

1) Industry standards and project specs. were followed throughout the tank handling activity.
2) Appropriate testing and NDE were properly conducted
3) The tank is suitable for operational service.

# Installation Inspections

**Required for:**

1. Large (manufactured and field constructed) AST construction, reconstruction, relocation
2. Small field constructed AST construction, reconstruction, relocation

**Not required for**:

1. Small (≤ 21,000-gallons) manufactured ASTs
2. Uncertified Installs
   - Tanks 5,000-gallons or less (AMMX/IAM/IAF can verify installation)
   - Tanks >5,000-gallons (IS integrity inspection needs to be completed)
   - Tanks >21,000-gallons (OS integrity inspection needs completed)

# Installation Inspections

- AST inspectors must be involved prior to the initiation of a project and present at critical times.
- AST systems shall be inspected by a DEP-certified inspector at the time of installation in accordance with § 245.522 (relating to new AST installations and reconstructions)…
- The inspection report shall be kept for the operational life of the tank

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# Installation Inspections

- Comprehensive evaluation of tank system
- Field constructed ASTs are hydrostatically tested.
- Alternative test for tightness
- Non-destructive testing

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# ABOVEGROUND STORAGE TANK INSTALLATION INSPECTION SUMMARY

**I. Reason for Inspection**

- ☐ New tank system
- ☐ Relocated tank system
- ☐ Uncertified installation

**II. Inspection Date(s)**

_____
_____
_____

**FOR DEP USE ONLY**

Reviewer _____
Date _____
Entered By _____
Date _____

**III. Facility Information**

Facility I.D. Number _____
Facility Name _____
Facility Address _____
_____
Municipality _____

**IV. Inspector Information**

Name _____
DEP Inspector Certification Number _____
Inspection Category _____
Phone (  ) _____
Employer _____
DEP Company Certification Number _____

**V. Tank Identification**

DEP Tank ID number _____A  Owner Tank ID Number _____
Capacity (gallons) _____
Tank Configuration: ☐ Horizontal ☐ Shop Built ☐ Vertical ☐ Field Built ☐ Elevated Vertical

Construction Code _____
Substance stored _____
Size: diameter _____ (ft) length/height _____ (ft)

**VI. Permit Information**

DEP Site Specific Installation Permit Number _____
Fire/Safety Permit Number _____
Issuing Authority _____
Date Issued _____

**VII. Next Integrity Inspections (If applicable)**

In-Service _____ (mm/dd/yy)
Out-of-Service _____ (mm/dd/yy)

**VIII. Certified Inspector**

I, the DEP Certified Inspector, have inspected the above referenced tank system. Based on my observation of the tank system, review of examination and tests results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ Certified Inspector's Signature
_____ Date

**IX. Owner or Owner's Representative**

I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ Name (Please Print)
_____ Title
_____ Phone Number
_____ Signature
_____ Date

Facility ID ____ - _____ DEP Tank ID _____A Inspection Date _____

**X. Installer Information**

| Installer Name | Certification Number | Company Name | Company Certification |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**XI. Evaluation of Tank System** Enter the condition of the following components by marking the appropriate blocks.

| | Satisfactory | Unsatisfactory | Not Applicable |
|---|---|---|---|
| Materials meet specifications | ☐ | ☐ | |
| Foundation and tank supports | ☐ | ☐ | |
| Welding (procedure, qualification) | ☐ | ☐ | ☐ |
| Tank construction (floor, shell, and roof) | ☐ | ☐ | |
| Appurtenances | ☐ | ☐ | |
| Ancillary equipment (including piping) | ☐ | ☐ | |
| Normal venting | ☐ | ☐ | |
| Emergency venting | ☐ | ☐ | ☐ |
| Secondary containment (under the tank bottom) | ☐ | ☐ | |
| Please describe: | | | |
| Emergency containment design & permeability | ☐ | ☐ | |
| Cathodic Protection | ☐ | ☐ | ☐ |
| Internal lining/coating | ☐ | ☐ | ☐ |
| External coating & labeling | ☐ | ☐ | |
| Overfill prevention (gauge, HLA, & automatic shut off or manned operating procedure) | ☐ | ☐ | |
| Hydrostatic test | ☐ | ☐ | ☐ |
| Alternative test for tightness | ☐ | ☐ | ☐ |
| Nondestructive testing (procedure, qualifications) | ☐ | ☐ | |
| Fire Safety Standards | ☐ | ☐ | ☐ |
| Operations & Maintenance plan | ☐ | ☐ | |
| Spill Prevention & Response Plan | ☐ | ☐ | ☐ |

☐ Yes ☐ No Tank installation is in accordance with manufacturer's specifications, engineers design criteria and current industry standards. If no, explain all deficiencies in Section XII.

**XII. Comments** Describe any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.

# ASTs Inspection Summary

| Capacity (gallons) | Installation Inspection | In-service Inspection | Out-of-service Inspection | Modification Inspection | Internal Liner Insp. |
|---|---|---|---|---|---|
| 251 – 1,100 | Field Constructed | - | - | Field Constructed | 10 years |
| 1,101 – 5,000 | Field Constructed | - | - | Field Constructed | 10 years |
| 1,101 – 5K (high. haz.) | Field Constructed | 10 years from install | - | Field Constructed | 10 years |
| 5,000 – 21,000 | Field constructed | 10 years from install | - | Field Constructed | 10 years |
| >21,000 (elevated) | All | 5 years from install | - | All | 10 years |
| >21,000 | All | 5 years from install | 10 years from install | All | 10 years |

* These are initial intervals. Subsequent inspection schedules are based on the condition of the tank at the time of the inspection, as well as corrosion, deterioration, and site-specific conditions that may necessitate more frequent intervals.

# Common AST Inspection Violations

**Top 3 Aboveground Storage Tank Integrity Inspections Violations in PA**

**#1 Performance/Design standards Violations (paint, label, vents, etc.)**

**#2 Monthly Maintenance Check Violations**

**#3 AST Containment Violations**

**What is common theme here?**

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# Common AST Inspection Violations

**Monthly Operation and Maintenance Checks**

# AST Monthly Operations and Maintenance Checks

## Monthly Operations and Maintenance Checks

1. A visual examination of the tank system for deterioration.
2. A check of the containment area for accumulation of water and removal of water as necessary.
3. Confirmation that containment drain valves are secured in the closed position when not in use.
4. Monitoring of the leak detection system.
5. A check of vents for restrictions.
6. A check of ancillary equipment for operational malfunctions.
7. An investigation of conditions that may be a fire or safety hazard, or pose an environmental hazard.
8. Observation for evidence of a release of regulated substance from the tank system.

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# AST Monthly Operations and Maintenance Checks

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## SAMPLE MONTHLY MAINTENANCE OPERATION CHECKLIST FOR OWNERS OF SMALL ABOVEGROUND STORAGE TANKS

| ITEM | SYMBOL | | REFERENCE |
|---|---|---|---|
| **I. Visual Check for Deterioration** | | | |
| Condition of tank exterior | S | U | |
| Condition of aboveground piping | S | U | |
| Condition of foundations and supports | S | U | |
| Condition of containment structures | S | U | |
| **II. Containment Areas** | | | |
| Level of standing water in containment | S | U | |
| Drain Valves secured in a closed position | Y | N | |
| Debris or fire hazard in containment | Y | N | |
| **III. Leak Detection System** | | | |
| Leak detection system monitored | Y | N | |
| Regulated Substance in containment area | Y | N | |
| Evidence of release from tank | Y | N | |
| Evidence of release from ancillary equipment including piping | Y | N | |
| **IV. Ancillary Equipment** | | | |
| Overfill prevention device functioning properly (if installed) | Y | N | |
| Valves functioning properly | Y | N | |
| Vents clear of restrictions | Y | N | |
| Gauge or monitoring device functioning properly (if installed) | Y | N | |
| **V. Safety Precautions** | | | |
| Safety equipment in place and operative | Y | N | |
| Fire extinguishers in place | Y | N | |
| Safety precautions posted | Y | N | |
| Tank system secured to prevent vandalism and unauthorized use | Y | N | |

Facility I.D.# _____ Inspection Completed By: _____ Date: _____

Comments: _____

**Symbols**

S - Satisfactory U - Unsatisfactory Y - Yes N - No

# AST Monthly Operations and Maintenance Checks

## Record Keeping Requirements

**Monthly leak detection records and maintenance checklists shall be maintained for the previous <u>12 months</u>.**

# AST Monthly Operations and Maintenance Checks

## Other Items to Consider

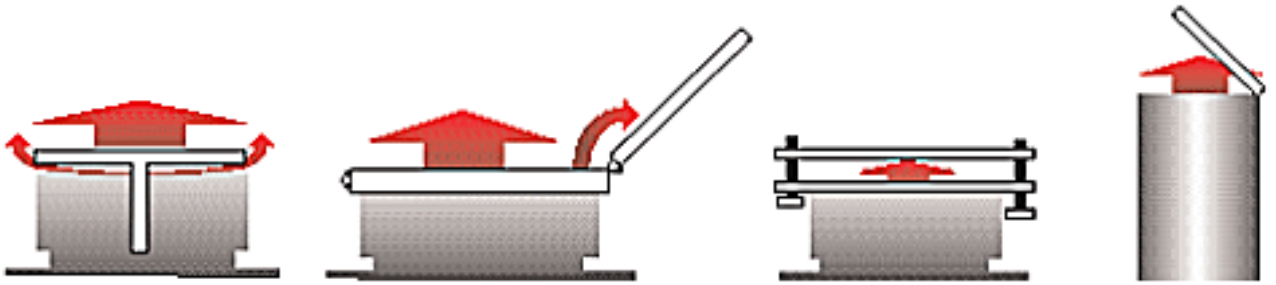
- **Aboveground storage tank grounding/bonding /lightning protection**
- **Fuel monitoring (check for presence of water/microbes)**
- **Cathodic Protection Rectifiers**
- **Thermal and pressure relief systems**
- **Insulated ASTs – check for areas of moisture, external corrosion**
- **<u>Follow-up on Unsatisfactory and/or Required items</u>**

# Common AST Inspection Violations

## Emergency Venting

### Common Problems

1. **Inadequate design – too small, wetted area calculations**
2. **Not functioning – shear pin replaced, won't lift**
3. **Long bolt manholes – needs to have the ability to lift**
4. **Frangible roof – won't work for smaller diameter ASTs**
5. **Double walled tanks – Primary and secondary both need e-vents**



**Pop-Up Style**

Weight of lid determines pressure setting ( 8 oz., 12 oz., 16 oz.) . Metal-to-metal seat or O-ring seat.

**Flip-Up Style**

Latch releases at set pressure, spring loaded hinge lifts lid open.

**Long Bolt Manhole**

Lid is able to life underexcess pressure.Vapors exit out opening.

**Weak Roof-to-Shell Tank**

Special joint designed to let go under excessive pressure.

# Common AST Inspection Violations

**Emergency Venting – Is it needed, and is it present?**

# Secondary Containment

Secondary containment shall be provided on a new tank at installation, on an existing tank at reconstruction or relocation, or when the tank floor is replaced. (space for detection of a release)

- permeability must be less than $1.0 \times 10^{-7}$ cm/sec
- must be designed to direct any release to a monitoring point to meet leak detection requirements.
- existing ASTs without secondary containment and no cathodic protection or internal lining must be leak tested at each in-service integrity inspection until the tank is upgraded.

# Emergency Containment

Verify permeability and capacity…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# Emergency Containment

## Large AST Containments

Emergency containment must be able to contain 110% of the capacity of the largest AST in the containment area.

**AND**

Permeability of new and replacement emergency containment must be $1.0 \times 10^{-6}$ cm/sec.

Existing emergency containment structures must meet the requirements for new/replacement structures.

**OR**

Verification by a PE that the containment structure permeability, coupled with a monitoring program and response plan, is capable of detecting and recovering a release.

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# Common AST Inspection Violations

## Emergency Containment

**245.612(d)** – Emergency containment must be sufficiently impermeable to contain any potential release for a minimum of 72 hours and until the release can be detected and fully recovered in an expeditious manner.

# Common AST Inspection Violations

**Emergency Containment**

**Will it even hold rain for any period of time?**

# Common AST Inspection Violations

**Emergency Containment**

**Will a cement block wall hold the contents of a catastrophic release?**

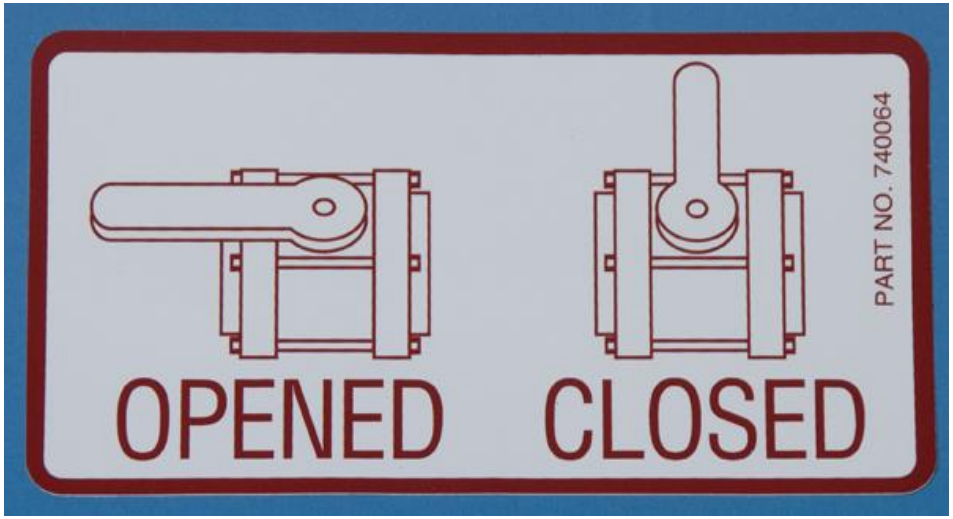
# Common AST Inspection Violations

**Emergency Containment - Excessive Vegetation**

**May 2013** **July 2013**

# Common AST Inspection Violations

## Emergency Containment - Valves




# Common AST Inspection Violations

## Emergency Containment – Valves

# Common Inspection Violations

**Emergency Containment – Structures to prevent accumulation of storm water.**

**What is wrong here?**

# Common AST Inspection Violations

**Emergency Containment – Spill and Overfill protection?**

**Single Walled UL 142 Tank with Rain shields**

# AST system exterior coating

§ 245.533 and §245.612(g) The exterior surfaces of aboveground tanks and piping shall be protected by a suitable coating which prevents corrosion and deterioration. The coating system shall be maintained throughout the operational life of the tank.

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# ASTs in Underground Vaults

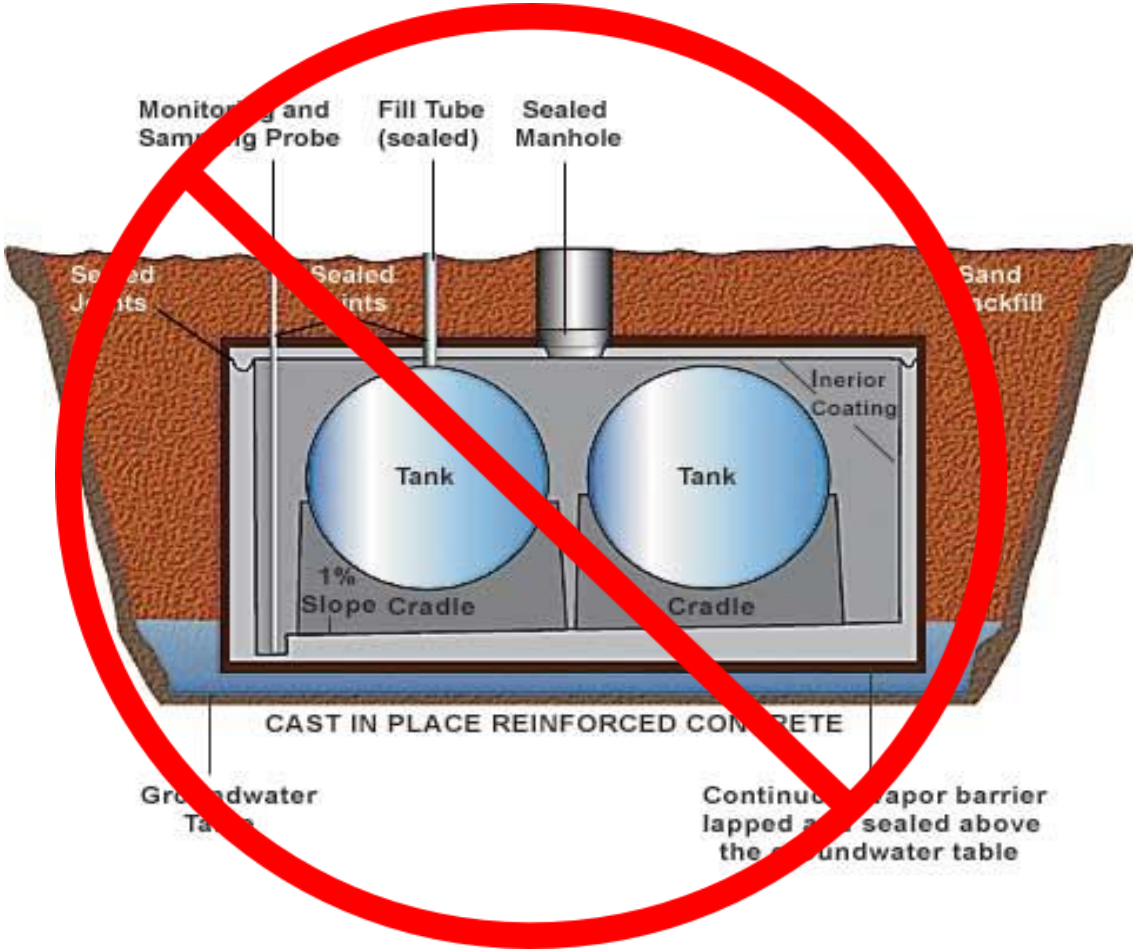
**Piping distribution systems used to dispense Class I or II motor fuels for resale must be provided with release detection equivalent to underground piping release detection addressed in Section 245.445 and equipped with a continuous leak detection system capable of detecting vapors and liquids. The detection system must activate an alarm that automatically shuts down the dispensing system if a release occurs.**

# ASTs in Underground Vaults

**If you cannot physically enter the underground vault, it must meet Underground Storage Tank requirements. ASTs can not be utilized as USTs, & vise versa; USTs can not be used as ASTs!!! (NFPA 30, PA L & I)**

# ASTs in Underground Vaults

**A tank must be in its own vault. Adjacent vaults may share a common wall.**



# Questions from the field….

**Can we use this tank to store aviation gas?**

# Questions form the field…

**What chime?**

# Questions from the field…

**Why do monthly maintenance checks when you have rain shields?**

# Questions from the field…

**My dad installed this tank 30 years ago…We've never had a problem with it. Why can't we continue using it?**

# Questions from the field…

**…there are more than a dozen reasons why!**

# Additional Questions?

**Now is the time to ask….Thank you for your attention!**

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Bureau of Environmental Cleanup & Brownfields

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